

Registration Questionnaire

EMAIL TO: dha.liberty.womack-amc.mbx.vet-clinic-pet-registration@health.mil

Sponsor's Data

Sponsor's Name (Last, First): _____

Spouse's Name (last, First): _____

Home Address (Street, City, Zip code): _____ On Post Area: _____

Address cont'd: _____

Best Contact Number: _____ Duty Phone: (910) – _____

Sponsor's Cell Phone: _____ Spouse's Cell Phone: _____

Grade/Rank: _____ Branch: _____ Duty Status: _____ Sponsor's Unit: _____

Best Contact Email: _____

Only Active Duty, Guard/Reservists, 100% Disabled Veterans, Retirees, and Medal of Honor Recipients are eligible for veterinary services at the Fort Liberty Veterinary Medical Center. CHECK APPLICABLE STATUS

GS civilians are no longer authorized care for health certificates to include pre-screening and the actual health certificate appointment.

Pet's Data

Name: _____ Microchip #: _____ Implant Date: _____

Species (Circle One): Canine Feline Color: _____

Date of Birth/Age: _____ Check if Estimated

Sex (Circle One): Male Male Neutered Female Female Spayed

Breed: _____ Check if Mixed Breed

Pet's Data

Name: _____ Microchip #: _____ Implant Date: _____

Species (Circle One): Canine Feline Color: _____

Date of Birth/Age: _____ Check if Estimated

Sex (Circle One): Male Male Neutered Female Female Spayed

Breed: _____ Check if Mixed Breed

Have you ever been seen or registered at another Military VTF? Y or N

Registering For (Circle all that apply): PCS (Health Certificate) Where to? _____

Corvias (Housing) On Post Care (New Client) Surgery