



Fort Carson Veterinary Center

719-526-3803

1535 Sheridan Ave.

Fort Carson, CO 80913

Hours of Operation:

- Monday-Friday 0800-1600
- Closed federal holidays and last business day of the month

****We do not offer emergency services or after-hours care, but there are several ER and urgent cares in town****

Services Offered:

- Wellness Exams
- Vaccines & Microchip
- Prescription refills
- Sick Call & diagnostics
- International & Domestic Health Certificates
- Anesthetic Procedures

Eligibility:

- Active Duty
- Retired Active Duty
- Medal of Honor recipients
- 100% disabled veterans
- Please bring official identification (ex. CAC, DD Form 2, DD Form 2765)

Your pet must be registered prior to scheduling appointments. Please drop off your registration form in person, so we can verify eligibility. Remember to bring records from your off-post vet so we can tailor a plan to your pet's needs.



**Champions for
Excellent
Care**

We are an AAHA-accredited veterinary hospital. That means we hold ourselves to a higher standard. Pets are our passion. And keeping them healthy is our #1 priority. Here, we strive to deliver excellent care for pets. Because your pets deserve nothing less.

FORT CARSON VETERINARY CENTER

REGISTRATION FORM

PHONE: (719) 526-3803 FAX: (719) 526-1221

EMAIL: dha.carson.Evans-ACH.mbx.fort-carson-veterinary-center@health.mil

(Please allow 3-4 business days to complete registration process)

Today's date:		Prior Duty Station:	
		Has your pet been seen at an off post provider? YES or NO	
SPONSOR INFORMATION			
Sponsor's Last name:		First: Middle: Spouse's Name:	
Rank/Pay Grade:		Branch of Service:	
		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Space Force	
		Status:	
		<input type="checkbox"/> Active Duty <input type="checkbox"/> Civilian (On OCONUS Orders Only) <input type="checkbox"/> Reserves/NG <input type="checkbox"/> Other _____	
Local Address:		City/Postal Code: ZIP Code:	
		<input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post	
Are you PCSing soon? YES or NO		(Please contact us as soon as you know of possible PCS)	
Destination:		Approx. Departure Date:	
Unit/Employer Name and Direct Supervisor:		Cell phone:	
		Spouse's cell phone:	
		Work phone:	
Contact E-mail address:			
PET INFORMATION			
Name:		Species:	
		<input type="checkbox"/> Canine <input type="checkbox"/> Feline	
Breed:		Birth date:	
		/ /	
		Mixed:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Color:		Sex:	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Sterilized	
Is your pet microchipped? YES or NO		Date of Microchip:	
Microchip number:		/ /	
PET INFORMATION			
Name:		Species:	
		<input type="checkbox"/> Canine <input type="checkbox"/> Feline	
Breed:		Birth date:	
		/ /	
		Mixed:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Color:		Sex:	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Sterilized	
Is your pet microchipped? YES or NO		Date of Microchip:	
Microchip Number:		/ /	
<p>The above information is true to the best of my knowledge. I understand that I need to contact the Veterinary Center if any of the above information changes. I understand that I am financially responsible for all services at the time the service is rendered. I understand if I am late to my appointment, I may be rescheduled. Please drop off patient records at the veterinary Center to complete registration process.</p> <p>Owner Signature _____ DATE _____</p>			