

Fort Leavenworth Veterinary Treatment Facility

831 McClellan Ave., Bldg. 88, Fort Leavenworth, KS 66048

Phone: 913-684-6510 Fax: 913-684-6558

Pet Registration Form

Section 1: Owner Information

Sponsor's Name: (Last, First)		Primary Phone Number:
Address:	City, State, Zip Code:	
Primary Email:	Military Status:	
Service/Grade (rank):	Sponsor's Unit and Unit Phone Number:	
Spouse's Name: (Last, First)	Spouse's Phone Number:	

Section 2: Pet Information

Pet #1:	
Name:	Microchip Number:
Species: <input type="radio"/> Canine <input type="radio"/> Feline	Breed: <input type="radio"/> Mixed: <input type="radio"/> Yes <input type="radio"/> No
Sex: <input type="radio"/> Male <input type="radio"/> Neutered: <input type="radio"/> Yes <input type="radio"/> No / <input type="radio"/> Female <input type="radio"/> Spayed: <input type="radio"/> Yes <input type="radio"/> No	
Color:	Date of Birth/Approximate Age:
Pet #2:	
Name:	Microchip Number:
Species: <input type="radio"/> Canine <input type="radio"/> Feline	Breed: <input type="radio"/> Mixed: <input type="radio"/> Yes <input type="radio"/> No
Sex: <input type="radio"/> Male <input type="radio"/> Neutered: <input type="radio"/> Yes <input type="radio"/> No / <input type="radio"/> Female <input type="radio"/> Spayed: <input type="radio"/> Yes <input type="radio"/> No	
Color:	Date of Birth/Approximate Age:
Pet #3:	
Name:	Microchip Number:
Species: <input type="radio"/> Canine <input type="radio"/> Feline	Breed: <input type="radio"/> Mixed: <input type="radio"/> Yes <input type="radio"/> No
Sex: <input type="radio"/> Male <input type="radio"/> Neutered: <input type="radio"/> Yes <input type="radio"/> No / <input type="radio"/> Female <input type="radio"/> Spayed: <input type="radio"/> Yes <input type="radio"/> No	
Color:	Date of Birth/Approximate Age:

