



Stuttgart Veterinary Treatment Facility



Please email these forms in a PDF format along with your pet's up to date veterinary records to **usarmy.rheinland-pfalz.medcom-ph-e.mbx.vtf-stuttgart@health.mil**.

Please allow 3 business days for your information to be entered into our system.

If you reside off-post you must contact your local rathaus (city hall) to register with your town.

Date: _____

SPONSOR'S INFORMATION

Sponsor's Name: _____ Spouse's Name: _____

Rank: _____ Branch: _____ Unit: _____ Dual Mil

Mailing Address: CMR _____ Box _____ APO, AE ZIP Code _____

Physical Address: _____

City: _____ ZIP Code: _____

Sponsor Primary Phone: _____ Work/DSN: _____

Spouse Phone: _____ Other: _____

Primary email for reminders/communications: _____

Commander/Supervisor email: _____

PET INFORMATION

PET # 1:

Has your pet ever been seen at a military facility? If so, which location? _____

Pet Name: _____ Species: _____ DOB: _____

Breed: _____ Color: _____

Microchip #: _____ Sex: _____ Spayed/Neutered? _____

PET # 2 (if applicable):

Has your pet ever been seen at a military facility? If so, which location? _____

Pet Name: _____ Species: _____ DOB: _____

Breed: _____ Color: _____

Microchip #: _____ Sex: _____ Spayed/Neutered? _____

I understand that it is my responsibility to contact the VTF if any changes to the above information occur. I recognize that I am financially responsible for payment, in full, of services rendered at the time they are provided. Furthermore, I understand that just as the VTF staff is expected to treat all patrons in a courteous and professional manner, I too am to extend the same courtesy to each of them. I recognize that the VTF has the right to refuse services should I fail to comply with the above terms.

Print Name: _____

Sign: _____



DEPARTMENT OF THE ARMY
PUBLIC HEALTH ACTIVITY – RHEINLAND-PFALZ
UNIT 30401
BLDG. 2996, PANZER KASERNE
APO, AE 09154

REPLY TO
ATTENTION OF

MCHB-RE-NVST

MEMORANDUM FOR RECORD

SUBJECT: Stuttgart Veterinary Treatment Facility Missed Appointment Policy Statement of Understanding

1. We strive to provide quality care for your pets in a timely and professional manner. We respect your time and kindly ask you to respect ours. Late/missed appointments negatively impact our mission and deprive other patients of the chance to receive medical care.
2. When a client makes an appointment and (1) is more than 10 minutes late, (2) does not show, or (3) fails to cancel 1 business day prior, this appointment is considered a "no show." This impacts our ability to serve all of our clients.
 - a. After the first no-show appointment a warning letter will be sent.
 - b. The second no-show appointment will result in a letter to you and your commander/supervisor and a loss of veterinary clinic privileges for 3 months.
 - c. A third no-show appointment will result in a letter to you and your commander/supervisor and loss of veterinary clinic privileges for 6 months.
3. When a client makes a surgery, dental, or drop off appointment and (1) is more than 10 minutes late, (2) does not show, or (3) fails to cancel 2 business days prior to the appointment, this appointment is considered a "no show." This will result in a letter to you and your commander/supervisor and loss of clinic privileges for 6 months.
4. Owners may cancel without penalty by notifying the clinic in person, by telephone, or voicemail no less than 1 business day (24 hours) prior to their wellness, health certificate, or sick call appointment or 2 business days prior to their surgical, dental, or drop off appointment.
5. I have read, understand, and will comply with the above conditions to the Stuttgart VTF missed appointment policy.

Print

Date (mm/dd/yyyy)

Sign