

## Registration Questionnaire

**EMAIL TO: [dha.liberty.womack-amc.mbx.vet-clinic-pet-registration@health.mil](mailto: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: \_\_\_\_\_ Sponsor's Unit: \_\_\_\_\_

Best Contact Email: \_\_\_\_\_

**Active-Duty      Guard/Reservists      100% Disabled Veterans      Retirees      Medal of Honor Recipients**

**Only the above are eligible for veterinary services at the Fort Liberty Veterinary Medical Center.**

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

### Pet's Data

Name: \_\_\_\_\_ Microchip #: \_\_\_\_\_ **Off Post Records?**    Y    N

Species:      Canine      Feline      Color: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Estimated

Sex:      Male      Male Neutered      Female      Female Spayed

Breed: \_\_\_\_\_ Mixed Breed

Name: \_\_\_\_\_ Microchip #: \_\_\_\_\_ **Off Post Records?**    Y    N

Species:      Canine      Feline      Color: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Estimated

Sex:      Male      Male Neutered      Female      Female Spayed

Breed: \_\_\_\_\_ Mixed Breed

**Have the above pets ever been seen or registered at another Military VTF?**    Y    N

**Registering For (Circle all that apply):** PCS (Health Certificate) Where to? \_\_\_\_\_

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