

VETERINARY HEALTH RECORD

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.
PRINCIPAL PURPOSE(S): To ensure that all veterinary care, treatment, immunizations, etc., provided to animals of authorized owners are recorded.
ROUTINE USE(S): Used to maintain health records of animals and to locate animal owners for follow-up notification of care or treatment received.
DISCLOSURE: Providing personal information is voluntary. If information is not provided, the animal will not be provided veterinary care.

1. SPONSOR DATA

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| a. NAME (LAST, FIRST, MIDDLE INITIAL) | | b. GRADE OR RANK | c. SSN |
| d. SPOUSES NAME | | e. HOME TELEPHONE NUMBER | |
| f. HOUSE ADDRESS | | g. PSC ADDRESS | |
| h. EMAIL (HOME AND/OR WORK) | | i. CELL PHONE NUMBER | |
| j. DUTY STATUS (X ONE) ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> | | k. RESIDENCE (X ONE) BASE HOUSING <input type="checkbox"/> OFF BASE <input type="checkbox"/> | |
| m. ORGANIZATION | | l. DUTY PHONE (DSN) | |
| | | n. DEROS: | |

2. ANIMAL DATA

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| a. NAME | b. SPECIES (CIRCLE ONE) CANINE/ FELINE/ RABBIT | c. MICROCHIP NUMBER | d. BIRTHDATE (mm/dd/yr) |
| e. BREED | f. COLOR | g. SEX (CIRCLE ALL THAT APPLY) FEMALE /MALE SPAYED/NEUTERED | |

h. IMMUNIZATION DATA

| DATE OF IMMUNIZATION (1) | VACCINE TYPE & MANUFACTURER (2) | DATE OF IMMUNIZATION (1) | VACCINE TYPE AND MANUFACTURER (2) |
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3. LABORATORY PROCEDURES

| DATE OF PROCEDURES a. | LABORATORY TEST - DIAGNOSIS - REMARKS b. |
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4. MASTER PROBLEM LIST

| DATE FIRST DIAGNOSED a. | PROBLEM NUMBER b. | REMARKS c. |
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