



STUTTGART VETERINARY TREATMENT FACILITY



REGISTRATION FORM

* PLEASE ALLOW 3 BUSINESS DAYS FOR YOUR PET'S REGISTRATION TO BE ENTERED *

DATE: _____

SPONSOR'S INFORMATION

NAME : _____ SPOUSE'S NAME: _____

RANK : _____ BRANCH: _____ UNIT: _____

MAILING ADDRESS: CMR _____ BOX _____ APO, AE ZIP CODE: _____

LOCAL ADDRESS: STREET: _____ CITY _____

ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____ WORK / DSN: _____

EMAIL: _____

PET INFORMATION

PET # 1

HAS YOUR PET BEEN SEEN BY A MILITARY VTF BEFORE? IF SO, WHERE? _____

NAME: _____ DOG CAT DOB: _____

BREED: _____ COLOR: _____

MICROCHIP #: _____ GENDER: _____ SPAYED NEUTERED

PET # 2 (IF APPLICABLE)

NAME: _____ DOG CAT DOB: _____

BREED: _____ COLOR: _____

MICROCHIP #: _____ GENDER: _____ 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
STUTTGART VET BRANCH UNIT 30401
BLDG. 2996, PANZER KASERNE
APO, AE 09107

REPLY TO
ATTENTION OF

MCEU-PHC

27 February 2019

MEMORANDUM FOR RECORD

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

1. I understand that failed appointments waste valuable resources, cost the VTF revenue, and deprive other patients of the opportunity to receive medical care. Accordingly, the missed appointment policy outlined below is necessary to maximize available appointments for the community.
2. I acknowledge that I am obligated to cancel appointments that I am unable to keep in a timely manner. If I must cancel my appointment, I will notify the VTF no less than 24 hours prior to my appointed time, barring legitimate emergency circumstances, which may prevent said notice from being given.
3. If I am greater than 10 minutes late for my appointment, I understand that I may not be accommodated same day and may be asked to reschedule. The appointment will be recorded as a "no show," and the same consequences will apply as outlined below.
4. I acknowledge that a regular wellness/sick call appointment will be considered "missed" or "no show" when any one of the following conditions occur:
 - a. I do not contact the VTF at least 24 hours prior to my scheduled time, to cancel the appointment.
 - b. I am more than 10 minutes late for the appointment.
 - c. I do not report to the VTF for the appointment.
5. **First missed appointment:** I understand I will be notified by the VTF and the infraction will be recorded in the patient's medical record.
6. **Second missed appointment:** I understand that I will be given a second notification.
7. **Third missed appointment:** I understand I will be ineligible to utilize services rendered at the VTF, to include over-the-counter sales, for the period of 12 months.
8. I understand that a surgery appointment will be considered "missed" if the appointment is not canceled at least 48 hours prior to the scheduled drop off time (0730) or the patient is 10 minutes late.
 - a. If I miss the first surgery appointment, my pet will be placed at the bottom of the surgery waiting list. If I miss a second surgery appointment, I will no longer be eligible for surgical services at the Stuttgart VTF.
9. I have read, understand, and will comply with the above conditions regarding missed appointments.

Print

Date (mm/dd/yyyy)

Sign