



**DEPARTMENT OF THE ARMY**  
**PUBLIC HEALTH COMMAND DISTRICT – FORT CAVAZOS**  
**Oklahoma Branch, Tinker Section**  
**5851 Rapcon Rd. Bldg. 1133**  
**Tinker AFB, OK 73145**

MCHB-RS-HST

17 May 2023

MEMORANDUM FOR Patrons of the Tinker and Vance Veterinary Treatment Facilities

SUBJECT: Tinker Veterinary Treatment Facility (VTF) Policies

1. Clients must present an official form of identification authorizing services at EACH time of service. Pets must be under the primary care of AND reside with the authorized client. Clients without a valid ID card will not receive services. Clients found to be falsely obtaining care for animals that are not under their primary care AND residing with the client may have VTF privileges revoked.

Authorized identification includes:

- DoD Common Access Card (CAC) with affiliation “uniformed services”
- DD Form 2 (Retired active duty and retired reserve ID cards)
- DD Form 1173 (Dependents of Active Duty ID cards)
- DD Form 1173-1 (Dependents of Guard and Reserve ID cards)
- DD form 2765 (Medal of Honor recipients, 100% disabled veterans)

2. Pets are seen by appointment only. We do not provide emergency services. Urgent care services are limited to available appointment times. It is the client’s responsibility to ensure vaccinations and medical status is kept current and that you have an off-post veterinarian in case of emergency or urgent need.
3. The VTF must be notified of cancellations at least 24 hours prior to the scheduled appointment time. Anything less results in your appointment being documented as a no show. You will be marked as a no show and required to reschedule your appointment if you are more than ten (10) minutes late. Three (3) no show appointments in a six (6) month period may result in temporary suspension of VTF privileges. Multiple suspensions may result in permanent revocation of VTF privileges.
4. Children under the age of 12 years are not recommended inside the VTF due to the risk of potential animal bites or exposure to infection. If you bring a child under 12 years old and are unable to control both your pet(s) and child, you will be asked to reschedule your appointment to a later time when you have childcare available. The VTF personnel cannot watch children for parents or guardians while their pets are being seen.
5. Pets must be on a leash or in a carrier within two (2) feet of the owner while inside the VTF or in the immediate vicinity of the exterior of the VTF for the safety of all pets and people visiting the VTF. **RETRACTABLE LEASHES ARE NOT PERMITTED.**
6. All dogs and cats residing on Tinker AFB **MUST** be microchipped per base and housing regulations.
7. VTFs are not permitted by Army regulation to support any breeding operations; this means puppies/kittens being sold cannot receive care at military facilities.
8. We request that you inform the VTF in the event of a change in ownership of your pet. New owners are not allowed access to pet records without prior authorization from previous owners.
9. Full payment is due upon completion of services and prices are subject to change without notice.

Heather Cameron DVM  
 Veterinary Medical Officer  
 Chief, Tinker Section Veterinary Services

I have read, understand, and agree to comply with the aforementioned policies.

Sponsor’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**DEPARTMENT OF THE ARMY**  
**PUBLIC HEALTH COMMAND DISTRICT – FORT CAVAZOS**  
 Oklahoma Branch, Tinker Section  
 5851 Rapcon Rd. Bldg. 1133  
 Tinker AFB, OK 73145

MCHB-RS-HST

17 May 2023

MEMORANDUM FOR TINKER AND VANCE AIR FORCE BASE VTF PATRONS

SUBJECT: Registration of Personally Owned Animals (POAs) with Tinker Veterinary Treatment Facility (VTF)

- The POA(s) listed below require(s) registration with the Tinker AFB VTF. To complete the registration packet the following **MUST** be included: **documentation of the most recent rabies vaccination**  
 Additional requested information:  
 Additional vaccine documentation (DHPP, Bordetella, Leptosiprosis, FVRCP, FeLV)  
 Results of the most recent Heartworm test (valid for 1 year from date of test)  
 Results of the most recent Fecal test  
 Proof of Microchip and implantation date
- Please allow **7 BUSINESS DAYS** after receipt of registration packet for processing prior to calling for an appointment.

**Owner Information**

Sponsor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Branch of service: \_\_\_\_\_ Duty Status: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Spouse (or other authorized individual): \_\_\_\_\_  
 Residence:  On Base  Off Base Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email(s): \_\_\_\_\_;  
 Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
 Off – base Veterinarian: \_\_\_\_\_

**Pet Records:**

If applicable, pet records must be turned in **PRIOR** to making an appointment, so we can properly review them, ensuring your pet receives exactly the care they need, saving you time and money.

I **DO** have medical records for the pet(s) listed below and will furnish copies before my scheduled appointment time.

I **DO NOT** have medical records for the pet(s) listed below and authorize a Tinker veterinarian to provide all vaccines and lab testing if deemed medically necessary.

**PLEASE NOTE:** If pet records are provided at the time of the scheduled appointment, the appointment will be marked as a "NO SHOW" and rescheduled for a later date (at least 5-7 business days later).

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**TINKER AFB VTF REGISTRATION**

**Pet information**

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Neutered: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Microchip #: \_\_\_\_\_

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Neutered: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Microchip #: \_\_\_\_\_

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Neutered: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Microchip #: \_\_\_\_\_

Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Neutered: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Microchip #: \_\_\_\_\_

Do any pet(s) have any known **ALLERGIES, VACCINE REACTIONS or MEDICAL CONDITIONS** that we need to know about? **NO YES(explain):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 to 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.**

3. Point of contact is undersigned at (405)734-5780.



Heather L. Cameron, DVM  
Veterinary Medical Officer  
Chief, Tinker Section Veterinary Services

I have read, understand, and agree to comply with the aforementioned clinic policies.

Sponsor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_