



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

MCHB-RS-HST

30 May 2024

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 will 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(ren), 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. RETRACTABLE LEASHES ARE NOT PERMITTED. Pets must be on a leash, or in a carrier, within two (2) feet of the owner while inside, or in the immediate vicinity of the exterior, of the VTF for the safety of all pets and people visiting.
6. All dogs and cats residing on Tinker AFB MUST be microchipped and up to date on Rabies vaccination 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 any 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.

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Reynolds, Taylor J.
 MAJ, VC
 Chief, Oklahoma Branch Veterinary Services

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

Sponsor’s Name: _____ Signature: _____

Date: _____



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MEMORANDUM FOR Patrons of the Tinker and Vance Veterinary Treatment Facilities

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

1. The POA(s) listed below require(s) registration with the Tinker AFB VTF. To complete the registration packet the following **MUST** be included:
 - a. Most recent Rabies Vaccination Certificate
 - b. Proof of Microchip implantation and date service provided

Additional requested information:

- a. Most recent vaccination documentation (DHPP, Bordetella, Leptospirosis, FVRCP, FeLV, etc.)
- b. Results of the most recent K9 Heartworm Test (test results valid for 1 year from date of test)
- c. Results of the most recent Fecal exam (typically done at every annual exam or if required for boarding)

2. Please allow 3 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 the veterinarian to provide all vaccines and lab testing that are 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).

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

Signature: _____ Date: _____

TINKER AFB VTF REGISTRATION

Pet information

Name: _____
Species: _____
Sex: _____
Breed: _____
Color: _____
Date of Birth: _____
Microchip #: _____
Rabies vaccine date: _____

Name: _____
Species: _____
Sex: _____
Breed: _____
Color: _____
Date of Birth: _____
Microchip #: _____
Rabies vaccine date: _____

Name: _____
Species: _____
Sex: _____
Breed: _____
Color: _____
Date of Birth: _____
Microchip #: _____
Rabies vaccine date: _____

Name: _____
Species: _____
Sex: _____
Breed: _____
Color: _____
Date of Birth: _____
Microchip #: _____
Rabies vaccine date: _____

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.

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Reynolds, Taylor J.
MAJ, VC
Chief, Oklahoma Branch Veterinary Services

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

Sponsor's Name: _____ Signature: _____

Date: _____