DEPARTMENT OF THE ARMY
PUBLIC HEALTH ACTIVITY-HOOD
BORDERLAND BRANCH
6077 CARTER ROAD
FORT BLISS, TEXAS 79916

CLIENT REGISTRATION

Thank you for choosing our clinic. We pride ourselves on offering high quality medical care. Pease complete this form so we can accurately enter your information into our files. To register with us, you must be <u>at least 18 years of age</u> and provide a current military ID card.

The following information is required for your account and is strictly CONFIDENTIAL:

<u>Sponsor Information:</u>

Sponsor's Name: _____ Rank: _____

Phone Number: _____ Work Phone: _____

 Email: _____

Home Address: _____

<u>Unit Information:</u>

Sponsor's Unit: _____ Commander: _____

Unit 1SG: _____ 1SG Phone Number: _____

<u>Spouse Information (If Applicable):</u>

Spouse Name: _____ E-Mail Address: _____

Phone Number: _____ Work Phone: _____

<u>Questions:</u> *(Please circle yes or no)*

1. <u>Have your pets been seen at a military veterinary clinic in the last 2 years?</u> Yes   No

2. <u>Do you live in military housing?</u> Yes   No

Understand that payment is due when services are rendered. We do not offer any payment plans or split-pay options. We accept Visa, MasterCard, Discover, cash, or personal checks. Please feel free to ask for an estimate prior to receiving with services.

 *Please email all records and registration forms to Ft.blissvtf@gmail.com

If at any time you are not satisfied with our services, please inquire to the VTF OIC or NCOIC.

Pet Information

Pet #1:

Name: _____ **Species:** Dog | Cat | Other

Gender: Male | Female **Breed:** _____

Color: _____ **Birthday:** _____ **Age:** _____

Is your pet spayed/neutered? Yes No **Microchipped?** Yes No

Microchip #: _____

Is your pet on flea and/or heartworm prevention? Yes No

Medications your pet is taking: _____

Any special handling instructions? _____

Pet #2:

Name: _____ **Species:** Dog | Cat | Other

Gender: Male | Female **Breed:** _____

Color: _____ **Birthday:** _____ **Age:** _____

Is your pet spayed/neutered? Yes No **Microchipped?** Yes No

Microchip #: _____

Is your pet on flea and/or heartworm prevention? Yes No

Medications your pet is taking: _____

Any special handling instructions? _____

Pet #3:

Name: _____ **Species:** Dog | Cat | Other

Gender: Male | Female **Breed:** _____

Color: _____ **Birthday:** _____ **Age:** _____

Is your pet spayed/neutered? Yes No **Microchipped?** Yes No

Microchip #: _____

Is your pet on flea and/or heartworm prevention? Yes No

Medications your pet is taking: _____

Any special handling instructions? _____

Please let us know if you need more space.

MCHB-PHA-HBB   19 February 2021

MEMORANDUM FOR RECORD

SUBJECT: Ft Bliss Veterinary Treatment Facility (VTF) "No-Show" and "Late Arrival" Policy

1. In an effort to maximize the time veterinarians and technicians spend with your pets, we have made the following changes to our "No-Show" and "Late Arrival" Policies:

NO-SHOW POLICY

Effective 1 February 2015, the Ft. Bliss VTF implemented a "No-Show" policy which will affect clients who fail to keep their scheduled appointments or who fail to cancel their scheduled appointment within twenty-four hours of the scheduled time. Each individual appointment for each pet missed will count as a "No-Show".

   1) First Occurrence – Owner will receive a phone call emphasizing our policy.

   2) Second Occurrence – Owner will receive a second notification, 1SG or Commander will be contacted, and future appointments will be scheduled with the NCOIC at their discretion.

   3) Third Occurrence – Will result in a twelve month suspension from Veterinary Services including over the counter sales.

LATE ARRIVAL POLICY

Patients arriving more than ten minutes late for a scheduled appointment may result in the rescheduling of the appointment for another day. That appointment may be considered as a "No-Show" at the discretion of NCOIC or OIC.

2. The Point of Contact for this memorandum is SPC Linzaga at (915) 742-2167 or Suzette.Linzaga.mil@mail.mil / **Ft.blissvtf@gmail.com**

X _____
Client's Signature

SUZETTE B. LINZAGA   GABERAIL L. NELSON
SPC   CPT, VC
VTF NCOIC   OIC
Fort Bliss VTF   Fort Bliss VTF