

# PHA-Guam Veterinary Treatment Facility New Patient Information

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Pet name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Species: \_\_\_\_\_ (Canine, Feline, etc.) Sex:            Male        Female  
Color: \_\_\_\_\_ Neutered/Spayed?    Yes        No  
DOB/Age: \_\_\_\_\_ Current Rabies Tag # \_\_\_\_\_  
(or estimated age)  
Microchip #: \_\_\_\_\_ Date of implantation? \_\_\_\_\_

## Sponsor Information

Has this pet (*or any other pet you own*) received care at another **military** veterinary facility since February 2014? \_\_\_\_\_ If another facility, which installation: \_\_\_\_\_

The following questions pertain to the **MILITARY SPONSOR** eligible for DOD Veterinary Services:

Last name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
First name: \_\_\_\_\_ Suffix: \_\_\_\_\_ (ex. Sr., Jr., etc.)  
Prefix: \_\_\_\_\_ (ex. Dr., Mr., Mrs., etc.)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: (if other than US) \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Service: \_\_\_\_\_ (Army, USN, AF, etc.) Military Status: \_\_\_\_\_ (Active, Ret.)  
Grade: \_\_\_\_\_ (E1-E9, O1-O9, GS, FS, CW1-5) Animal lives:    ON POST    OFF POST  
Unit: \_\_\_\_\_  
Valid email address: \_\_\_\_\_  
Emergency contact Information: \_\_\_\_\_