| | 57ATES OF THE MANUEL | ATTES OF THE PROPERTY PARTY OF THE PARTY P |
|---|---|--|
| | PET REGISTRATION FORM | |
| DATE | | |
| RESIDENT NAME | | |
| MILITARY UNIT | | |
| PHONE NUMBERS | WORK: HOME: | |
| EMAIL | | |
| NUMBER OF DOGS OWNED: | DOG 1 | DOG 2 |
| PET NAME | | |
| BREED | | |
| MICROCHIP NUMBER | | |
| COLOR | | |
| SIZE/WEIGHT | | |
| AGE MALE/FEMALE | | |
| WALE/FEWALE | | |
| NUMBER OF CATS OWNED: | CAT 1 | CAT 2 |
| PET NAME | | |
| BREED | | |
| MICROCHIP NUMBER | | |
| COLOR SIZE/WEIGHT | | |
| AGE | | |
| MALE/FEMALE | | |
| VETERINARIAN TREATMENT FACILITY (VTF) | | |
| · | | |
| The above domestic pet(s) is/are re | egistered at the VTF and have current r | rables immunization. |
| DATE | | |
| NAME | | |
| JOB TITLE | | |
| SIGNATURE (& STAMP) | | |
| RESIDENT ACKNOWLEDGEMENT | | |
| I have received a copy of the Joint Service Pet Policy and will comply with all policy provisions. I also | | |
| understand that I must comply with the Installation/Base Domestic Animal/Pet Registration and Control | | |
| Order/Instruction. Failure on the part of the sponsor, family members or guests to do so can result in | | |
| the removal of my pet(s) from milita | ary family housing or termination of as | signment to military family housing. |
| DATE | | |
| SIGNATURE | | |
| OIOIATORE | | |
| FOR HOUSING OFFICE USE ONLY | | |
| DATE OF ASSIGNMENT | | |
| QUARTERS ADDRESS | | |
| DATE | | |
| HOUSING COUNSELOR NAME | | |
| SIGNATURE | | |
| | | |

Department of Defense Military Family Housing (MFH)

Okinawa Japan