



## Fort Benning Veterinary Center

Phone: 706-545-1127/4444 Fax: 706-545-5690

Policy Letter and Pet Registration  
Benningvetcen@gmail.com



Fort Benning VETCEN Business Hours:

**Monday, Wednesday, Friday: 0830-1200 & 1300-1600**

**Tuesday: 0900-1600**

**Thursday: 0830-1200**

**Closed Federal Holidays and Last Business Day of the  
Month (Business hours are subject to change at any time)**

### **Fort Benning Veterinary Center (VETCEN) Policies:**

*Please initial stating you have read and understand the following requirements.*

\_\_\_\_\_ **Services Provided:** The Ft. Benning VETCEN is a full-service veterinary hospital, offering preventative medicine services, routine elective surgeries, diagnostics, and advanced surgeries when time permits. **We strongly recommend that clients develop a relationship with a local off-post veterinarian as the VETCEN does not guarantee after-hours emergencies and has seasonal fluctuations in veterinarian availability.** A list of off post veterinary clinics can be provided or found on our Facebook page.

\_\_\_\_\_ **Access to Care:** Only active duty and retired military service members and their dependents are authorized services at military veterinary treatment facilities (VTFs). Activated reservists and National Guard members may also utilize our services. Access to services at the Fort Benning VETCEN is contingent upon maintaining a good faith professional relationship. Therefore, client services may be suspended or revoked at any time for unprofessional conduct. This includes but is not limited to: repeated no-shows for appointments, refusal to pay for services rendered, and abuse or mistreatment of personnel.

\_\_\_\_\_ **Registration and Records:** Pets that reside on-post must be registered at the VETCEN. Pets may be registered during normal business hours on a walk in basis. Clients that reside on post are required to maintain an up-to-date medical record that includes yearly wellness exam, microchip, current vaccinations (*Dogs:* Rabies, DAPv, Leptospirosis, Bordetella *Cats:* Rabies, FVRCP), heartworm test (dogs only), and annual fecal exams. If any medical treatment is given to your pet off-post, please bring documentation to add to your clinic record. Proof of these services will be provided for you in the event your housing office requires them.

\_\_\_\_\_ **Appointments:** Please arrive 5 minutes prior to your scheduled appointment to allow time for check-in. For safety concerns and to prevent the accidental escape of a pet, *ALL* animals are required to be on a leash or in a proper travel carrier when on post and inside the clinic. Your pet must remain under your control at all times. Most appointments are scheduled in 20 minute intervals; if your pet requires more intense treatment, another visit may need to be scheduled to complete the additional services. Due to mission priority appointment availability may be decreased, changed, canceled or rescheduled at any time to fulfill mission requirements. If you need to cancel or reschedule an appointment contact the clinic as soon as possible.



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\_\_\_\_\_ **No-Show Policy:** In order to maximize our availability to the community we ask that you cancel any appointment more than 24 hours in advance. Anything less than 24 hours will result in a “NO-SHOW”. *(Please initial each line)*

\_\_\_\_\_ You will be considered a no-show if you are more than 5 minutes late to your scheduled appointment time.

\_\_\_\_\_ Families with multiple pets: No-shows will be counted by appointment slots and each unkept appointment will be counted as a no show. (i.e. If 3 pets are scheduled for appointments that is 3 appointment slots, if you no-show the day your appointments are scheduled you will have 3 no-shows counted against your record)

\_\_\_\_\_ First no-show – written warning placed in record for 3 months

\_\_\_\_\_ Second no-show - notification of your chain of command.

\_\_\_\_\_ Third no-show – notification of your commander and appointment privileges will be revoked for 6 months.

\_\_\_\_\_ Missed surgical appointment – notification of your chain of command and surgical privileges revoked for 6 months.

\_\_\_\_\_ **Veterinary Treatment Fees:** Services and products are provided on a fee for service basis. Medications, services and goods are non-refundable. The clinics prices are set to maintain our facilities as non-profit but are subject to change. Additionally, regulation requires that each transaction include a \$2.00 user fee. Payment is due upon delivery of veterinary services. We accept cash, Visa, MasterCard, check, or money order/cashier checks for the exact amount only.

\_\_\_\_\_ **Prescriptions/Medications:** In accordance with federal law, prescription medications will NOT be dispensed without a valid veterinarian-client-patient relationship. This includes prescription preventatives. This requires a physical exam has been performed within 12 months at the VETCEN or by another military Veterinary Treatment Facility with record in the military system. We cannot fill prescriptions written by veterinarians outside of the military veterinary treatment facility network.

\_\_\_\_\_ **Animal Breeding:** Breeding is prohibited in government housing. IAW AR 40-905 Chapter 3-4, Paragraph i., Army VTFs are prohibited from providing medical care in support of breeding for profit.

\_\_\_\_\_ **Children:** can be easily injured in the clinic environment. Hazards include but are not limited to: animal bites, scratches, zoonotic disease agents, exposure to chemicals, and sharp objects. If possible, we recommend arranging childcare during your appointment. Children present for the appointment must be supervised at all times and may not be left unattended in the reception area. You may be asked to reschedule your appointment if there are safety concerns.

*Revised 16 Jun 2021*



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\_\_\_\_\_ **Cellphones:** are prohibited during your appointment unless authorized by the veterinarian.

\_\_\_\_\_ **Pet abandonment:** is a crime in Georgia. If you are unable to find a new home for your pet, please make arrangements with the local Animal Shelter (this usually involves a fee). *If you find a new home for your pet please pass along your pet's records with a letter stating you are signing ownership to the new owner. VTF staff have a template letter for placement in the pet's record.*

Kristin Blount, DVM  
Captain, US Army Veterinary Corps  
Fort Benning VETCEN Officer-in-charge

This policy is not all-inclusive. Any questions should be addressed to a VETCEN staff member.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I UNDERSTAND THAT SERVICE MAY NOT BE OFFERED IF I AM NOT IN COMPLIANCE WITH THE ABOVE POLICIES.**

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PET REGISTRATION FORM

### SECTION 1: FIELDS WITH ASTERISK (\*) MUST BE COMPLETELY FILLED OUT!

Sponsor's name (Last, First) *		Home address *	
Home phone *	Work phone *	Cell phone: *	
Email address (work) *		Email address (home)	
Spouse's name & contact info		Other owner name & contact info	
Sponsor's unit *	Unit phone *	Sponsor's supervisor *	
Branch (Army, AF, DOD, etc) *	Rank *	Status * Active Civilian Retired Other:	
Housing (neighborhood if on-post) * ON POST _____ OFF POST		Last duty station *	
Would you like to receive reminders for expiring vaccines by phone or by email? <input type="checkbox"/> Phone <input type="checkbox"/> Email			

### SECTION 1: PET INFORMATION

#### Pet #1

Pet name and microchip number		Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:	
Breed	Mixed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Colors/markings	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spay/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth <input type="checkbox"/> Approximate	

#### Pet #2

Pet name and microchip number		Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:	
Breed	Mixed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Colors/markings	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spay/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth <input type="checkbox"/> Approximate	

My signature attests that the above information is true to the best of my knowledge. I understand that I am financially responsible for any balance incurred for services rendered. In the event that I have an outstanding balance, I understand that the Fort Benning Veterinary Center may contact my command.

Signature	Date
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