	VETI	ERINARY HE	ALTH RECORD				
		PRIVACY ACT	STATEMENT				
AUTHORITY:	Title 10, United States Co	ode, Sections 30	13, 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 treatment received.	records of anima	als and to locate animal owners	for follow-up notification	n of care or		
DISCLOSURE:	Providing personal inform veterinary care.	oviding personal information is voluntary. If information is not provided, the animal will not be provided terinary care.					
1. SPONSOR DATA							
a. NAME (<i>Last, First, Middle Initial</i>)			b. GRADE OR RANK c. SSN				
d. HOME ADDRESS (Street, City, State, Zip Code)			e. HOME TELEPHONE NO. (Include Area Code)				
			C DUTY OTATUO ()	DECIDENCE ()(
h. ORGANIZATION			f. DUTY STATUS (X one) g. RESIDENCE (X one) ACTIVE				
III ONGANIZATION				II. DOTT THOME (more	uc Area coucy		
2. ANIMAL DATA							
a. NAME	b. SPECIES	c. BREED	d. COLOR	e. DATE OF BIRTH	f. SEX		
g. IMMUNIZATION DATA			1				
DATE OF IMMUNIZATION	VACCINE TYPE & MANUFACTURE			VACCINE TYPE & MAN	NUFACTURER		
(1)	(2)		(1)	(2)			
2 LABORATORY PROCEDUR			l				
3. LABORATORY PROCEDURI DATE OF PROCEDURES	=5	LABOR	RATORY TEST - DIAGNOSIS - RE	MARKS			
a.	b.						
4. MASTER PROBLEM LIST (C	Continued on back!						
DATE FIRST DIAGNOSED			REMARKS	<u> </u>			
a.	b.		C.				

4. MASTER PROBLEM LIST (Continued)					
DATE FIRST DIAGNOSED a.	PROBLEM NO. b.	REMARKS c.			