



DEPARTMENT OF THE ARMY
PUBLIC HEALTH ACTIVITY- FORT LEWIS
9030 5TH STREET
JOINT BASE LEWIS-MCCHORD, WA 98433-9500

MCHB-RPL

11 April 2023

MEMORANDUM FOR JBER Support to USCG Kodiak: Operation Salmon Run Veterinary Preventative Medicine Clients

SUBJECT: Preventative Medicine Outpatient Visit Policies

1. Pets will be seen by appointment only. Appointments are for preventative health purposes only. This mission does not support sick calls, emergencies, or any other clinic visit outside of vaccine updates and health certificates. All patients will be referred to the off-post vet clinic: Kodiak Veterinary Clinic at 907-486-5418.
2. All pets must be on a leash or in a carrier while on the clinic premises.
3. Point of contact is the undersigned at 907-384-0914.

A handwritten signature in black ink, appearing to read "MH Wilson".

MARY HELEN WILSON
CPT, VC
JBER Veterinary Services OIC

I have read and understand the policies of Operation Salmon Run.

Signature

Print

Date

OPERATION SALMON RUN REGISTRATION FORM

Sponsor's Name: _____
Last First MI

Sponsor's: _____
Rank/Grade Branch Status (i.e. Active, Reserve)

Address: _____
Street Apt #

City State Zip

Home Phone: _____ Unit Phone: _____ Mobile Phone: _____

Work Email Address _____

Unit _____ Spouse's Name _____

PET INFORMATION

Name _____ Species (i.e. K-9, Feline) _____

Breed _____ Color _____ Age or Birth date _____

Sex _____ Spayed / Neutered (circle if applicable)

Microchip: Yes / No (circle if applicable) Microchip# _____

Pet registered at another Military base? Yes: No:

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VETERINARY HEALTH RECORD PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 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 records of animals and to locate animal owners for follow-up notification of care or treatment received.

DISCLOSURE: Providing person information is voluntary. If information is not provided, the animal will not be provided veterinary care.

Signature _____

Date _____