



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
PUBLIC HEALTH COMMAND DISTRICT-NORTH EUROPE
WIESBADEN BRANCH
UNIT 24304 BOX 19
APO AE 09005

MCVS-EUN-WE

Date: _____

MEMORANDUM FOR _____
(Owner's name)

(Pet's Name)

SUBJECT: Authorized Pet Care by Proxy

1. In accordance with Army Regulation 40-905, only those personnel authorized military medical services are authorized to receive care for their privately owned animals at the veterinary treatment facility (VTF). In situations where the authorized client wishes to have their pet(s) presented at the clinic by friends or family who do not have clinic privileges, special written authorization is required. Valid ID is required when submitting this authorization.

AUTHORIZED CARETAKERS _____

DATES OF PROXY CARE (not to exceed one (1) year) _____

2. The personnel named above are authorized to utilize the Wiesbaden VTF only for the pet named above and only during the authorized timeframe. A valid ID card must be presented upon entering the VTF for any services or purchases.

(Owner's signature/ Date)

4. POC is undersigned, DSN 337-6470, COMM 0611-705-6470, or FAX 337-5562

MARION A. ALSTON, VMD
CPT, VC
OIC, Wiesbaden VTF