

KMC Military Family Housing (MFH)



PET REGISTRATION FORM		
DATE		
RESIDENT NAME		
MILITARY ORGANIZATION		
PHONE NUMBERS	WORK:	HOME:
EMAIL		
NUMBER OF PETS OWNED:		
	PET 1	PET 2
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
MALE/FEMALE		
PET 3		
PET NAME		
BREED		
MICROCHIP NUMBER		
COLOR		
SIZE/WEIGHT		
AGE		
MALE/FEMALE		
VETERINARY TREATMENT FACILITY (VTF)		
The above domestic pet(s) is/are registered at the VTF and have a current rabies immunization.		
DATE		
NAME		
JOB TITLE		
SIGNATURE (& STAMP)		
RESIDENT ACKNOWLEDGEMENT		
I have received a copy of the Installation Pet Policy for Military Family Housing (MFH) and will comply with all policy provisions. Failure on the part of the sponsor, family members or guests to do so may result in the removal of my pet(s) from military family housing or termination of assignment to military family housing.		
DATE		
SIGNATURE		
FOR HOUSING OFFICE USE ONLY		
DATE OF ASSIGNMENT		
QUARTERS ADDRESS		
DATE		
HOUSING COUNSELOR NAME		
SIGNATURE		