



DEPARTMENT OF THE ARMY
VETERINARY READINESS ACTIVITY, FORT EISENHOWER
FORT BENNING VETERINARY CENTER
6417 10TH MOUNTAIN DIVISION ROAD #265, FORT BENNING, GA 31905

MCHB-RN-GSB

14 May 2025

MEMORANDUM FOR All Veterinary Center Clients

SUBJECT: Fort Benning Veterinary Center Policies

1. **Welcome!** – Thank you for entrusting Fort Benning Veterinary Center (VETCEN) in the care of your pet. Our primary mission is to provide complete veterinary care for all Government Owned Animals (i.e. Military Working Dogs). Our staff understands how important your pet is to you and with that in mind, we also offer many types of routine care services for the pets of military families. Your understanding and compliance with our clinic policies will help us provide the best service we can. ***Before services can be provided, this memorandum must be initialed at the end of each block and signed stating you have read, understood, and will comply with the following policies.***

2. **Contact Information and Hours of Operation**

Phone: 706-545-4444/1127/0088

Email: benningvetcen@gmail.com

Monday, Tuesday, Friday: 0800-1200 & 1300-1600

Wednesday: 0900-1600

Thursday: 0800-1200

CLOSED for Lunch 1200-1300

CLOSED Federal Holidays and Last Business Day of the Month

Business hours are subject to change at any time.

3. **Scope of Services** – During clinic hours the VETCEN provides the following types of services to privately owned animals: preventive veterinary services (wellness screenings, immunizations, de-worming, etc.), health certificates for domestic and international travel, sick-call examinations, urgent/emergent medical treatment, and surgical procedures (i.e. spay, neuter, dental cleaning, mass removal, splenectomy, cystotomy, gastrotomy, enterotomy, etc). Our facility is not staffed at a level to provide overnight hospitalization or after-hours emergency care; you will need to seek veterinary care at a local, civilian veterinary facility. ***We strongly recommend that clients develop a client-patient relationship with a local civilian veterinarian to meet these needs, when required. ____ (initials)***

4. **Access to Care** – Only active duty and retired military Service Members and their dependents are authorized services at military veterinary treatment facilities. All personnel obtaining services from the VETCEN must present their United States

Uniformed Services Common Access Card (CAC) or a United Services Identification Privilege Card. ____ (initials)

5. **Registration** – Owners have 30 days from the time of occupying an on-post home or acquiring a pet to register the pet with both the Fort Benning VETCEN and the Villages at Fort Benning even if they seek a civilian veterinary care (Fort Benning Regulation 210-5). ALL animals residing on post must properly register, immunize, administer year-round antiparasitic, and control their pets in accordance with the Villages at Fort Benning Pet Registration Requirements (Fort Benning Regulation 210-5). All owned dogs and cats must be vaccinated against rabies by a licensed veterinarian with an approved vaccine in both Georgia (Rabies Control Law-O.C.G.A. -31- 19) and Alabama (Code of Alabama 1975 §3-7A-2). If your pet resides off-post, they must be licensed and registered with local municipalities in accordance with local laws. ____ (initials)

6. **Appointments** – Pets are seen for care on a space available, appointment basis. Appointments can be made during normal business hours by phone or in person. ***Appointments vary, depending on the availability, personnel, and other essential mission requirements. Appointments are subject to cancellation or rescheduling at any time due to a government owned animals' needs.*** Walk-in appointment availability is rare and will typically be referred to local civilian veterinarians. ***Please arrive 10-15 minutes prior to your scheduled appointment time to allow time for check-in.*** ____ (initials)

7. **Missed Appointments** – Due to our high caseload and limited appointment availability, it is essential that you cancel appointments that you cannot keep. Failure to do so deprives others of needed appointment times. Appointments are limited so please be considerate of the others in your community by calling to cancel an appointment at least 24 hours in advance. ***No-shows include canceling an appointment less than 24 hours prior to the appointment time, arriving more than 5 minutes late for an appointment, or not arriving for an appointment at all.*** A no-show will be assessed for each pet if multiple pet appointments are made. Each no-show will be documented in the patient record and is visible at all military veterinary facilities. The service member's command will be notified when a Soldier or dependent no-shows for an appointment. ***No-show appointments can result in the termination of services at the VETCEN at the sole discretion of the clinic OIC or NCOIC.*** ____ (initials)

8. **Respect for Employees** – The VETCEN prioritizes a culture of respect for all Civilian employees and military Service Members. To maintain our culture of respect, we hold all clients to the highest standards of respect and appropriate behavior. ***Services will be refused and/or future services will be terminated at the sole discretion of the VETCEN clinic OIC or NCOIC if a client engages in behavior that is viewed as disrespectful towards any employee, Service Member, or client of the VETCEN.*** ____ (initials)

9. **Emergency Care** – Pets requiring care beyond the capabilities of the VETCEN or emergencies occurring after duty hours will be referred to a local civilian veterinarian. ____ (initials)

10. **Prescriptions/Medications** – ***IAW federal law, prescription medications will not be dispensed without a valid veterinarian-client-patient relationship (VCPR). This requires that the pet be seen by a military practitioner within the past 12 months for the medical issue and have a current medical record.*** Prescription refills require 48-hour notice and sometimes longer depending on the medication. Prescription requests can be made in person, by telephone, or through 3rd party online pharmacies. Please call-in prescription refills at least one week prior to medication running out to ensure its availability. ____ (initials)

11. **Children** – Due to safety considerations, the risk of transmission of zoonotic diseases and the risk of animal bites, children under the age of 12 years must be always accompanied by an adult or guardian. Clients with unsupervised children who create a danger to themselves, our patients, or our staff may be asked to leave the VETCEN and reschedule the appointment. ____ (initials)

12. **Leash Policy** – All animals brought into the VETCEN must be on a leash or in a carrier. For the safety of our patients, clients, and staff, please do not allow young children to have sole control over animals. ____ (initials)

13. **Pet Messes** – Owners are responsible for any messes their animals leave in and around the clinic to include the grounds surrounding the clinic. Please pick up after your pet and dispose of the waste properly. There is a pet waste receptacle for your convenience outside the front entrance. ____ (initials)

14. **Aggressive Pets** – Please notify the VETCEN if your animal has a history of aggression or severe anxiety that could benefit from anti-anxiety medications prior to the scheduled appointment. This is for the safety of all clinic personnel, patients, and clients. ***For animals deemed overly aggressive, services may be refused or alternate exam dates may be scheduled with a future care plan and possible medication.*** ____ (initials)

15. **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. ____ (initials)

16. **Power of Attorney** – A general power of attorney is required, authorizing another individual other than the military Service Member/Retiree or family member to make veterinary medical treatment decisions on behalf of the Service Member/Retiree for the care to be provided. The local Legal Assistance Office can assist with this. Please keep this in mind when planning for extended absences or deployments. ____ (initials)

17. **Transfer of Ownership** – A transfer of ownership letter is required to transfer ownership of an animal from one owner to another. VETCEN staff have a template letter for placement in the pet's records. ***Until a transferred pet is de-registered from the original owner and registered under the new owner's name, the previous owner remains legally and financially responsible for all costs associated with the pet.*** ____ (initials)

18. **Pet abandonment** – ***Pet abandonment is a crime in Georgia and Alabama.*** 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) or find a new home and owner for your pet. ____ (initials)

19. **Pricing and Payment** – Our pricing is typically lower than services provided at a civilian facility. Prices are set by an external authority and are subject to change at any time. ***There is a Congressionally Mandated \$2 user fee applied to all invoices. This amount is non-refundable. Payment is due upon completion of service.*** There is no billing or extended credit at the Fort Benning VETCEN. We accept Check, Visa, MasterCard, Discover, and cash. ____ (initials)

20. The Point of Contact (POC) for this memorandum is the undersigned at 706-545-4444/1127 or benningvetcen@gmail.com.

Service Member's First Line or Supervisor: _____

First Line or Supervisor's Phone Number: _____

Danielle Vaughn
SSG, 68T
Fort Benning VETCEN NCOIC

Madison Bartosh
CPT, VC
Fort Benning VETCEN OIC

I have received a copy of this memorandum.

Print Name

Date

Signature



Fort Benning Veterinary Center
6417 10th Mountain Division Rd. #265, Fort Benning, GA 31905
Phone: 706-545-1127/4444 Fax: 706-545-5690
Email: benningvetcen@gmail.com



PET REGISTRATION FORM

FIELDS WITH ASTERISK (*) MUST BE COMPLETELY FILLED OUT!

SECTION 1: OWNER INFORMATION

a. Service Member/Retiree Name (Last, First) *		b. Spouse/Other Name (Last, First)	
c. Current Home Address *			
d. City *	e. State *	f. Zip Code *	g. Primary Phone Type * <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Spouse/Other
h. Home Phone	i. Work Phone	j. Cell Phone	k. Spouse/Other Phone
l. Service (Army, AF, USMC, DoD, etc) *		m. Grade/Rank *	n. Military Status * <input type="checkbox"/> Active <input type="checkbox"/> Civilian <input type="checkbox"/> Retired <input type="checkbox"/> Other:
o. Service Member's unit *		p. Unit phone *	q. Service Member's supervisor *
r. Housing (neighborhood if on-post) * <input type="checkbox"/> ON POST _____ <input type="checkbox"/> OFF POST			s. Last duty station *
t. Email (separate multiple emails with a comma) *			
u. Cell Phone Provider (to receive text reminders for upcoming appointments):			

SECTION 2: PET INFORMATION

Pet #1

a. Pet name *	b. Microchip? * <input type="checkbox"/> Yes <input type="checkbox"/> No MC #:	c. Species * <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:
d. Breed *	e. Mixed? * <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Colors/markings *
g. Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female	h. Spay/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	i. Date of birth * <input type="checkbox"/> Approximate

Pet #2 (if applicable)

a. Pet name	b. Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No MC #:	c. Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:
d. Breed	e. Mixed? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Colors/markings
g. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	h. Spay/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	i. 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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**TO MAKE AN APPOINTMENT AT THE FORT BENNING VETCEN, WE MUST RECEIVE THE PET REGISTRATION FORM,
THE FORT BENNING VETCEN POLICY FORM, AND YOUR PET(S) MEDICAL RECORDS.
PLEASE EMAIL ALL DOCUMENTS TO THE EMAIL ABOVE OR DROP OFF IN PERSON.**