



DEPARTMENT OF THE ARMY
HEADQUARTERS, PUBLIC HEALTH ACTIVITY - HAWAII
BLDG 934, DUCK ROAD
SCHOFIELD BARRACKS, HAWAII 96857

REPLY TO
ATTENTION OF

MCHB-RP-C

23 November 2016

MEMORANDUM FOR PUBLIC HEALTH ACTIVITY – HAWAII VETERINARY FACILITIES' PATRONS

SUBJECT: Public Health Activity – Hawaii Veterinary Facilities' Policies

1. Welcome to the PHA-Hawaii Veterinary Facilities. These policies are in effect at the Fort Shafter Veterinary Activity (VETAC), Schofield Barracks Veterinary Treatment Facility (VTF), Joint Base Pearl Harbor Hickam VTF, and Marine Corps Base Hawaii VTF. These policies are in effect to efficiently and effectively provide your personally owned animal (POA) with quality veterinary care and ensure the safety of our patients, their owners, and our staff.

a. In accordance with AR 40-905, veterinary care is authorized to POAs whose owners are authorized DOD medical care.

b. Due to the broad nature of our mission, emergency/critical care services are not routinely offered and in depth diagnostics/treatment are not always available. Owners are highly encouraged to maintain a veterinary-client-patient relationship with a civilian veterinarian at an off-post facility.

c. As a safety precaution, children under the age of 12 years must be accompanied by an adult or guardian at all times. Your child's safety is important to us. If your child is not properly supervised, we reserve the right to reschedule your appointment.

d. In accordance with Army Institute of Public Health (AIPH) MEMO A12-07, clients may not be able to restrain their animals. Every precaution will be made to ensure the safety of the patient, their owners, and the veterinary staff. This may include, staff restraint, muzzles, appropriate sedation (with owner approval), and other means of appropriate restraint. For safety purposes, the appointment may need to be rescheduled to allow more time for the visit.

e. All dogs must be on a leash or in a carrier and under the control of the owner at all times. All cats must be in a carrier. Retractable leashes should be at the shortest length while in the veterinary facility.

f. All patients seeking services or products at the veterinary facility must be registered at the veterinary facility, provide a valid DoD Identification Card, and provide the most recent medical records for the patient. All housing, installation, and state policies/laws must be adhered to at all times.

g. A valid veterinary-client-patient relationship (VCPR) must exist at the veterinary facility before prescriptions can be written or filled. For prescription refills, the patient must have been seen at a military veterinary facility in the last 12 months and have a valid refill available. For heartworm prevention, the patient must have had a negative heartworm test in the last 12 months. PHA-Hawaii veterinarians will honor a client's request for a written prescription in lieu of dispensing medication at no charge. Military veterinary facilities cannot serve as a pharmacy and fill written prescriptions by off-post veterinarians unless there is a previous VCPR for that condition.

h. Please arrive 10 minutes early for your scheduled appointment. Arriving over 10 minutes late to an appointment may result in the appointment being rescheduled and considered a "no-show." The veterinary staff will make every effort to accommodate your pet, but other scheduled clients and patients must be considered a priority.

i. Due to the high volume of patients seen at our veterinary facilities, no-shows affect our ability to serve the community. No-shows include cancelling an appointment within 24 hours of the appointment time, arriving more than 10 minutes late for an appointment, and not arriving for an appointment at all. A no-show will be considered for each pet if multiple pet appointments are made. Each no-show will be documented in the patient's record. After two no-shows within 12 months, appointments must be made through the veterinary facility NCOIC for one year. After three no-shows within a 12 month period, appointments must be made through the veterinary facility OIC for one year. More than three no-shows in a 12 month period will result in loss of privileges at the veterinary facility for one year.

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j. The veterinary facility does not accept cash for payment. Checks, money orders, and Mastercard/Visa credit or debit cards are accepted. Payment is required at the time services are rendered.

k. Patients are seen by appointment only. Walk-ins are highly discouraged. Double booking at two or more of our clinics is highly discouraged and can possibly result in a no-show.

l. In accordance with AR 40-905, animals used for breeding purposes are not authorized care at the veterinary facility.

m. If the ownership of a pet is transferred, it is required that the original owner notify the veterinary facility of the transfer in writing.

n. If an appointment is made for a patient by someone other than the pet's owner, a valid Power of Attorney for the pet will be required before any services are rendered.

o. In accordance with AR 600-83, the PHA-Hawaii campuses are tobacco free. No tobacco use, including smokeless tobacco and electronic nicotine delivery devices, is allowed on the veterinary facility campuses.

p. Personal information will be maintained in accordance with the Privacy Act that follows:

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 all 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 personal information is voluntary. If information is not provided, the animal will not be provided veterinary care.

2. PHA-Hawaii veterinary facility contact information:

- a. Schofield Barracks VTF: 808-655-5893
- b. Fort Shafter VETAC: 808-438-5231/5233
- c. Joint Base Pearl Harbor Hickam VTF: 808-449-6481
- d. Marine Corps Base Hawaii VTF: 808-257-3643

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Digitally signed by
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GEORGE O. GILBERT, JR.
LTC, MS
Commanding

I have read, understood, and agree to comply with the policies listed above.

Name: _____

Signature: _____

Date: _____

Pet name: _____