



# WELCOME TO NAPLES VTF!

**TELEPHONE:** DSN 629.7913 OR 081.811.7913

**EMAIL:** [usn.naples.navhospnaplesit.mbx.vet-clinic@health.mil](mailto:usn.naples.navhospnaplesit.mbx.vet-clinic@health.mil)

**OFFICE HOURS:** MON, TUES, WED AND FRI / 0900-1600 (except 1230-1330)

**\*\*CLOSED on THURSDAYS and every last day of the month for inventory\*\***

- **PLEASE PROVIDE THE FOLLOWING WITH THIS FORM WITHIN 30 DAYS OF ARRIVAL/ ADOPTION :**  
**MILITARY ID + VACCINE HISTORY + MEDICAL RECORDS OF CHRONIC DISEASE + PRESCRIPTIONS**
- REGISTRATION OF YOUR PET(S) CAN BE DONE IN PERSON OR ONLINE and YOU DO NOT NEED AN APPT
- YOUR PET(s) DOES NOT NEED TO BE PRESENT FOR REGISTRATION UNLESS REQUESTED!

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## SPONSOR INFORMATION:

SPONSOR NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

COMMAND: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

SPOUSE CELL: \_\_\_\_\_ E-MAIL(s): \_\_\_\_\_

BRANCH: \_\_\_\_\_ ACTIVE DUTY/ RESERVE/ RETIRED/GS /CIVILIAN (circle one)

PLANNING TO LIVE ON/OFF BASE? \_\_\_\_\_ PRD: \_\_\_\_\_

PREVIOUSLY SEEN AT ANOTHER MILITARY VTF? WHERE? \_\_\_\_\_

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**PET #1:** NAME: \_\_\_\_\_ CAT / DOG

DOB: \_\_\_\_\_ SEX: MALE/FEMALE SPAYED/NEUTERED/INTACT

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ MICROCHIP # \_\_\_\_\_

**PET #2:** NAME: \_\_\_\_\_ CAT / DOG

DOB: \_\_\_\_\_ SEX: MALE/FEMALE SPAYED/NEUTERED/INTACT

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ MICROCHIP # \_\_\_\_\_

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***Please read the complete VTF Client Policy Letter provided via email attachment or during in-person registration.***

**NO SHOW POLICY:**

Due to limited appointment availability, it is important to inform the clinic if you cannot make your scheduled appointment. All appointments are considered to be a “No Show” when clients do not show up during appointment time or comes in 15 minutes late with no notification or if appointments are cancelled with less than 24 hours’ notice.

- (a) The first missed appointment will be notated in the patient’s record without any repercussions.
- (b) The second missed appointment will be notated in the patient’s record and service privileges will be suspended for six months.
- (c) The third missed appointment will be notated in the patient’s record and VTF service privileges will be suspended for one year.
- (d) If the pattern of missing appointments continues, service privileges may be revoked permanently.

All missed/cancelled appointments will be evaluated on a case-by-case basis.

**FACILITY ETIQUETTE:**

Any client who uses profanity, abusive and disrespectful language towards any member of the VTF staff will be asked to leave immediately and will no longer be authorized services.

**APPOINTMENTS:**

Due to higher tier mission priorities, the VTF provides medical care for privately- owned animals on a space-available basis and may not have availability on a short notice or emergency basis.

Pets are seen by appointment only. Please arrive at least 10 minutes prior to allow time for check-in.

**EMERGENCY VETERINARY CARE**

The clinic does **NOT** provide emergency care for privately-owned animals. Please ask for local veterinary list at the front desk.

**Italian ASL System**

By law, your pet **MUST** be registered in the Italian ASL system within 90 days of arrival. Failure to register your pet or file a change of ownership form, when purchasing or adopting a pet, can result in a fine of €200,00+

If you find or adopt a pet in Italy **WITHOUT** a microchip, you have 20 days to register it

If you purchase or adopt a pet in Italy **WITH** a microchip, you have 5 days to file a change of ownership form. The ASLs are an Italian government entity. **They are not affiliated with the base veterinary clinic.** You **MUST** know which ASL office to go to and it is based on where you live. Each has their own payment requirement, area of responsibility, business hours and they are **NOT** interchangeable.

**Please see the front desk for registration form and ASL packet.**

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- ☐ I have read the Naples VTF Client Policy letter and acknowledge the above statements
- ☐ I have been informed about the ASL and have been given paperwork to register with the Italian system

\_\_\_\_\_ (Signature)

Print Name:

Unit Command:

Date:

Phone number:

Email:

*Welcome and we look forward to getting to know and serving you and your pets!*

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