MCAS BEAUFORT/MCRD PARRIS ISLAND
MILITARY HOUSING OFFICE PET DOCUMENTATION FORM

Instructions: If you do not have a pet, complete 1 & 5. If you have a pet, complete 1, 2, 3, & 4 and provide current pet's rabies vaccine and microchip records from your veterinarian with your housing application package.

1. RANK/FULL NAME: _____ DATE: _____
2. ADDRESS: _____
3. UNIT: _____ PHONE: _____

Place Photo Here
Pet #1

PET #1

NAME: _____

TYPE OF PET: □DOG □ CAT □OTHER _____

SEX: □ FEMALE □ MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING □ YES □ NO

Place Photo Here
Pet #2

PET #1

NAME: _____

TYPE OF PET: □DOG □ CAT □OTHER _____

SEX: □ FEMALE □ MALE

BREED: _____ COLOR: _____

RABIES TAG NUMBER: _____ EXPIRES: _____

MICROCHIP NUMBER: _____ FUNCTIONING □ YES □ NO

4. □ I have read and understand **MCO 11000.22 dtd 14 Jul 14** and acknowledge my pet(s) **are not** on the restricted breed list and I will comply with all the provisions of the MCO noted above to include registration of the pet(s) via the Parris Island Veterinarian Clinic.

5. □ I currently do not have a pet. However, I acknowledge if I wish to obtain any type of pet, I must notify the Military Housing Office **PRIOR** to obtaining and bringing the pet to my housing unit.

SIGNATURE_____ DATE _____

TO BE COMPLETED BY PARRIS ISLAND VETERINARIAN

□ I certify the above pet(s) **DO** meet the requirements of MCO 11000.22 dtd 14 Jul 14.

Parris Island Pet Registration #_____ Expiration Date:_____

□ I certify the above pet(s) **DO NOT** meet the requirements of MCO 11000.22 dtd 14 Jul 14. Reason for non-compliance:□breed restricted

□vaccinations are not up to date
□non-functioning or no microchip in pet
□other _____

VETERINARIAN SIGNATURE _____ DATE: _____