



Division of Animal Industry
 Animal Quarantine Branch
 99-951 Halawa Valley Street
 Aiea, HI 96701-5602

Department
 of Agriculture
 STATE OF HAWAII

PET OWNER STATEMENT

Microchip number: _____
 (Microchip is required to qualify for 30-day quarantine)

Estimated Date of Arrival: _____

This form MUST be completed and RETURNED to the Animal Quarantine Station. If the form is returned by mail, it should be mailed to the above address and THE SIGNATURE MUST BE NOTARIZED.

SECTION 1 PRIMARY OWNER INFORMATION - Person whose name appears on the Shipmaster's Declaration (form used by airlines or other transportation provider during transport of your pet) and is authorized to make decisions regarding the health and care of the pet. The name listed below should be the same as the name on the Shipmaster's Declaration.

1. _____
Last Name First Name M. I.

Social Security No./ID I.D Exp. Date ____/____/____ Date of Birth ____/____/____

2. Residence Address: _____

_____ City State ZIP Code
 _____ Island Country

Telephone: Business (_____) _____ Home (_____) _____

Is your residence permanent? Yes No

3. Mailing Address: _____

_____ City State ZIP Code
 _____ Island Country

4. Owner Group: C-Civilian A-Army N-Navy For military personnel:
 M-Marines G-Coast Guard F-Air Force Grade: _____ Rank: _____

SECTION 2 CO-OWNERS - List of person(s) in priority order (other than primary owner) who have authorization to make decisions on the health and care of your pet and to act in the owner's behalf, having the same duties and responsibilities as the owner. Must be 18 years of age or older.

a. _____
Last Name First M.I. Social Security No./ID

Telephone: Business (_____) _____ Home (_____) _____

b. _____
Last Name First M.I. Social Security No./ID

Telephone: Business (_____) _____ Home (_____) _____

c. _____
Last Name First M.I. Social Security No./ID

Telephone: Business (_____) _____ Home (_____) _____

d. _____
Last Name First M.I. Social Security No./ID

Telephone: Business (_____) _____ Home (_____) _____

SECTION 3 AUTHORIZED VISITORS - Person(s) you allow to visit your pet but do not have authority to act in your behalf. Must be 18 years of age or older to be an authorized visitor. (Minors allowed to visit while accompanied by owner or authorized visitor.

	Last Name	First Name	M.I.	Social Security No./ID
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

SECTION 4 PET INFORMATION

1. Name of Pet: _____
2. Species: **D-Dog** **C-Cat** **O-Other** _____
3. Sex: **M-Male** **F-Female** Neutered: **Yes** **No**
4. Breed: _____ (Refer to Breed code list) Age: _____
5. Color (up to 3): 1) _____ 2) _____ 3) _____ (Refer to Color Code list)
6. State/Country pet arriving from: _____
7. Physical Characteristics (Physical blemishes, scars or distinguishing marks): _____

8. Are there any special medication/major medical problems? _____

9. Special Diet: (If any, owner needs to provide) _____

IMPORTANT: ORIGINAL HEALTH CERTIFICATE INCLUDING PROOF OF VACCINATIONS MUST BE SUBMITTED WITH PET. FOR BETTER PROTECTION, VACCINATION 2-3 WEEKS PRIOR TO SHIPPING IS HIGHLY RECOMMENDED.

SECTION 5 ANIMAL CLINIC (In case of an emergency where it is determined that your pet requires hospitalization, please indicate which animal hospital you wish your pet to attend. Refer to List of Approved Animal Clinics. **Owner must register pet with clinic and provide AQS Business Window with proof of registration.** Hospital will not accept unregistered pets.)

Code: _____ Name of Hospital: _____

Having intention of entering the above described animal into the State of Hawaii under the provision of Administrative Rule 4-29 of the Department of Agriculture, the undersigned does hereby agree and covenant to pay to the Department of Agriculture, in full at the time the animal enters quarantine, the prescribed fees for the program the animal is in. The prescribed fee is \$165 for direct airport release, \$224 for 5-day-or less, \$655 for 30-day or \$1080 for 120-day program . The prescribed fee for animals transiting to other destination is a \$30 registration fee, \$15 health record fee plus \$11.20 per day fee. In addition, animals remaining in quarantine beyond the scheduled release date will be assessed a fee of \$15 per day. Any refund for overpayment will be in accordance with § 4-29-17. Allow six to eight weeks after the animal’s release from quarantine for refunds.

The undersigned further agrees to pay, prior to the release of the animal, any additional owner approved services and for services deemed necessary by the station veterinarian to ensure the health and safety of the animal. The undersigned further agrees that animals remaining in quarantine 90-days or more from the scheduled release date, for any reason, shall constitute forfeiture of the animal to the State of Hawaii without any further notice and without liability on the part of the State.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

I hereby authorize and certify the above to be true.

Signature of Primary Owner

Date

Authorized AQB Employee or Notary Public

Date