

Please fill in all information.
MICROCHIP IDENTIFICATION

CHIP I.D.# _____ DOG CAT OTHER _____

VET CLINIC WHERE APPLIED _____

MALE FEMALE NEUTERED

PET'S NAME _____ AGE _____

BREED/DESCRIPTION _____

WEIGHT _____ COLOR _____

OWNER'S NAME _____

ADDRESS _____ ZIP _____

PHONE: Home _____ Business _____

I, the undersigned, agree to release the information provided here to the Hawaiian Humane Society. I understand that all information is kept confidential.



Send completed form to: Hawaiian Humane Society
2700 Waialae Avenue, Honolulu, HI 96826
Fax: 808 955-6034

SIGNATURE

DATE