

Please fill in all information.
MICROCHIP REGISTRATION

MICROCHIP # _____ DOG CAT OTHER _____

CLINIC WHERE INPLANTED _____

MALE FEMALE NEUTERED

PET'S NAME _____ AGE _____

WEIGHT _____ COLOR _____

DESCRIPTION / BREED _____

OWNER'S NAME _____

ADDRESS _____ ZIP _____

DAY PHONE _____ NIGHT PHONE _____ CELL PHONE _____

EMAIL _____

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



Hawaiian Humane Society
2700 Waiālae Ave., Honolulu, HI 96826
946-2187 • fax 955-6034
HawaiianHumane.org

SIGNATURE _____

DATE _____

HHS-06/13

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