Preparing for Your Hawaiian Travel Appointment

Please fill out this form prior to your appointment. We look forward to your visit!

Pet Parent Information

Owner name					
Identification numbe	2 r (Last 4 Digits of D	river's License, Offici	al ID or Military ID)		
Current address					
Telephone number					
Email address					
Check all that apply:					
Civilian	Army	Navy	Marines	Coast Guard	Air Force
Other					

Pet Information

Pet name					
Pet species	Canine Feline	Avian	Reptile	Equine	
	Other				
Pet age					
Pet breed					
Pet gender Male	Female	Neutered?	Yes	No	
Pet color					
Microchip Number					
Other Microchip Number					



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Travel Information				
Arrival Airport	Honolulu	Kona	Kahului	Lihue
Arrival Program	DAR	5 Day or Les	SS	Subsequent Entry
Who is the pet traveling with?		Owner	Other	

If other, please share the information about the person the pet is traveling with:

Name		
Identification number (Last 4 Digits of Driver's License, Off	ficial ID or Military ID)	
Current address		
Telephone number		
Email address		
Check all that apply:		
Civilian Army Navy	Marines Coast Guard	Air Force
Other		

Pet Health Information:

Please bring all current vaccine records

