REQUEST FOR ELECTRONIC MICROCHIP

All dogs and cats attempting to qualify for the 30-day or 5-day or less quarantine programs are required to have an implanted electronic microchip. Effective June 30, 2003, the State of Hawaii will only provide microchips for request outside of the 50 States of the United States. Microchips must be readable with an AVID scanner (AVID chip, Home Again chip).

- For 30-day or 5-day or less quarantine, the microchip MUST be obtained before the OIE-Fluorescent Antibody Serum Neutralization Test (OIE-FAVN test). The OIE-FAVN test must be completed between 90 days and 18 month prior to arrival in Hawaii.

Please allow one-to-two weeks for processing and delivery of microchip.

Mail completed form and payment to: Department of Agriculture
Animal Quarantine - Microchip Request
99-951 Halawa Valley Street
Aiea, HI 96701-5602

COST: Microchip to Foreign Country Address
$27.00 each (U.S. currency)

Please print

OWNER: ____________________________________________ Telephone: (_______) ______________

(Last name) (First) (MI)

NUMBER OF MICROCHIPS REQUESTED: ____________ X $ ____________ = $ ____________

Cost per microchip Total Cost

Payment in advance required (Check one):

☐ Money order, cashiers' check, or bank draft (Payable to Department of Agriculture). No Personal Checks.

☐ Credit Card (complete the following information)

Name on Credit Card: __________________________________

Credit Card Number: ________________________________ Expiration Date: ______________

Signature: ________________________________________

PET INFORMATION (Complete for each microchip requested)

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<th>Pet's Name</th>
<th>Dog Cat</th>
<th>Breed</th>
<th>Sex</th>
<th>Age</th>
<th>Color</th>
<th>Markings</th>
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MAILING LABEL (Print or Type)

Please fill out carefully. The microchip will be mailed to the address on the mailing label.

The State is not responsible for microchips lost or damaged during shipment.

TO: __________________________________________

___________________________________________

___________________________________________

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