



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

or fax to (808) 483-7110
 (credit card payments only)

**NO REFUNDS
 ALL SALES FINAL**

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

Please print

OWNER: _____ Telephone: (_____) _____
 (Lastname) (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: _____	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Credit Card Number: _____	Expiration Date: _____	
Signature: _____		

PET INFORMATION (Complete for each microchip requested)

Pet's Name	Dog Cat	Breed	Sex	Age	Color	Markings
1. _____	<input type="checkbox"/> <input type="checkbox"/>	1. _____				
2. _____	<input type="checkbox"/> <input type="checkbox"/>	2. _____				
3. _____	<input type="checkbox"/> <input type="checkbox"/>	3. _____				
4. _____	<input type="checkbox"/> <input type="checkbox"/>	4. _____				
5. _____	<input type="checkbox"/> <input type="checkbox"/>	5. _____				
6. _____	<input type="checkbox"/> <input type="checkbox"/>	6. _____				

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: _____ _____ _____ _____
