

AOS-3  
(REV. 11/87)

STATE OF HAWAII  
DEPARTMENT OF AGRICULTURE  
ANIMAL QUARANTINE STATION

25250

WEIGHT OUT: \_\_\_\_\_  
WEIGHT IN: \_\_\_\_\_

KENNEL No: \_\_\_\_\_  
Date of Entry: \_\_\_\_\_

PERMIT TO TEMPORARILY REMOVE ANIMAL TO \_\_\_\_\_ HOSPITAL.

BRIEF MEDICAL HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Station Veterinarian

REPORT OF HOSPITALIZATION/SATELLITE QUARANTINE

OWNER: \_\_\_\_\_ ENTRY NO: \_\_\_\_\_

ANIMAL: \_\_\_\_\_

DATE DELIVERED: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

DELIVERED BY: \_\_\_\_\_ RETURNED BY: \_\_\_\_\_  
(Attendant) (Attendant)

RECEIVED AT THE HOSPITAL/SATELLITE QUARANTINE BY: \_\_\_\_\_

Diagnosis and method of treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended Follow-up Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Animal Hospital Veterinarian

<b>FOR ASO USE:</b>
No. of Days: _____ Rate \$ _____
Transportation charge: _____
No. of days credited: _____ Amount credited: _____
Total amount charged/credited to your account: _____
Date: _____
NOTE: Please remit check, cashier's check or money order in the self-addressed stamped envelope.

Transient:  Yes  No

WHITE COPY - Owner  
CANARY COPY - Administration  
PINK COPY - Hospital  
GOLDENROD COPY - Animal Quarantine