STATE OF HAWAII
DEPARTMENT OF AGRICULTURE
ANIMAL QUARANTINE STATION

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: __________________________________________

________________________________________
Animal Hospital Veterinarian

Recommended Follow-up Treatment: __________________________________________

________________________________________
Animal Hospital Veterinarian

FOR ASO USE:

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
YELLOW COPY - Administration
PINK COPY - Hospital
GOLDENROD COPY - Animal Quarantine