



DOG & CAT IMPORT FORM

I. FORM & DOCUMENTS Number of dogs and cats entering Hawaii: _____ (Separate form must be filled out for each pet)

Except for the original health certificate, all documents must be received by the Animal Quarantine Station along with this completed form **no less than 10 days before arrival** to qualify for the 5-day-or-less and direct airport release program.

ESTIMATED DATE OF ARRIVAL	PET NAME	MICROCHIP NUMBER	SPECIES: DOG CAT

✓ CHECK: ALL DOCUMENTS ENCLOSED; ONE PROGRAM APPLYING FOR; AND AMOUNT OF ENCLOSED PAYMENT

DOCUMENTS SUBMITTING				TYPE OF PROGRAM APPLYING FOR (CHECK ONLY <u>ONE</u> BOX)					PREPAYMENT
RECENT RABIES VACCINE CERT.	PREVIOUS RABIES VACCINE CERT.	* HEALTH CERT.	** HAWAII HEALTH CERT.	DIRECT AIRPORT RELEASE \$165	SUBSEQUENT ENTRY \$78 SEE REQUIREMENT!	5 DAYS OR LESS \$224	NEIGHBOR ISLAND INSPECTION PERMIT \$145	120 DAY \$1,080	AMOUNT ENCLOSED

Make money order or cashier's check out to: Department of Agriculture **NO PERSONAL CHECKS ACCEPTED**

SEND ALL DOCUMENTS IN TOGETHER AS A SET WITH THIS DOG AND CAT IMPORT FORM COMPLETED AND NOTARIZED

- * An original health certificate may be submitted upon arrival in Honolulu to State inspectors if not submitted w/ this form.
- **Owners of dogs and cats located in Hawaii that will be departing and returning for the 5-day-or-less program must also submit the original health certificate issued in Hawaii used for departure that contains the pet's Hawaii address and date of departure from Hawaii to qualify under the resident Hawaii pet requirements.

- **PET LOCATED IN HAWAII:** Check box If pet will be leaving Hawaii and returning (Refer to Pets located in Hawaii requirements)
- **SUBSEQUENT ENTRY:** Check box If pet is entering Hawaii again and give date of previous entry: (Refer to Re-Entry pet requirements to see if pet qualifies. Pet must meet qualifications for this lower fee)

II. PRIMARY OWNER INFORMATION - LEGAL OWNER OF PET REQUIRED (Authorized Handler Information Use Section IV!)

NAME: LAST	FIRST	M.I.
IDENTIFICATION NO. (DRIVER'S LICENSE, STATE ID, MILITARY ID, S.S.)	I.D. EXPIRATION DATE	BIRTH DATE
CURRENT ADDRESS: STREET		
CITY	STATE	ZIP
TELEPHONE: HOME	WORK	CELL
E-MAIL ADDRESS:		

HAWAII STREET ADDRESS: (if known)		
CITY	ISLAND	ZIP
TELEPHONE: HOME	WORK	OTHER

III. OWNER GROUP Civilian Army Navy Marines Coast Guard Air Force

IV. CO-OWNER or AUTHORIZED HANDLER / AGENT INFORMATION ⇨ PERSON IS: CO-OWNER HANDLER
(Co-owners are also recognized as legal owners)

1

NAME: LAST	FIRST	M.I.
IDENTIFICATION NO. (DRIVER'S LICENSE, STATE ID, MILITARY ID, S.S. ,etc)	I.D. EXPIRATION DATE	BIRTH DATE
TELEPHONE: HOME	WORK	OTHER

IV. CO-OWNER or AUTHORIZED HANDLER / AGENT (Continued) ⇒ PERSON IS: CO-OWNER HANDLER

2 NAME: LAST	FIRST	M.I.
IDENTIFICATION NO. (DRIVER'S LICENSE, STATE ID, MILITARY ID, S.S. #,ETC)	ID EXPIRATION DATE	BIRTH DATE
TELEPHONE: HOME	WORK	CELL

V. AUTHORIZED VISITORS: (INDIVIDUALS YOU AUTHORIZE TO VISIT YOUR PET IN QUARANTINE BUT DO NOT HAVE AUTHORITY TO ACT ON YOUR BEHALF. MUST BE 18 YEARS OF AGE OR OLDER TO VISIT ALONE W/O OWNER OR AUTHORIZED ADULT.

	NAME: LAST	FIRST	M.I.	I.D. NUMBER
1				
2				
3				

VI. PET INFORMATION

PET NAME	SPECIES <input type="checkbox"/> DOG	MICROCHIP NUMBER	BREED CODE
	<input type="checkbox"/> CAT		
COLOR CODE(S)	NEUTERED/SPAYED?	SEX	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
AGE	MARKINGS or DISTINGUISHING CHARACTERISTICS		
MEDICATIONS or SPECIAL DIET (OWNER MUST PROVIDE)			

VII. APPROVED ANIMAL HOSPITAL (NOT REQUIRED FOR DIRECT AIRPORT RELEASE)

Refer to the list of approved animal hospitals and indicate which hospital you wish your pet to attend IN CASE OF EMERGENCY when it is determined that your pet requires hospitalization. **Owner(s) must register the pet with the selected hospital and provide the Animal Quarantine Station with proof of registration. Hospitals will not accept or treat unregistered pets.**

Code: _____ **Name of Hospital:** _____

VIII. AGREEMENT

I intend to enter the above-described animal into the State of Hawaii in compliance with the provisions of Hawaii Administrative Rules ("HAR") Chapter 4-29. I hereby agree to pay to the Department of Agriculture, in full at the time the animal enters Hawaii, or enters quarantine in Hawaii, whichever happens first, the total amount of fees prescribed by those Rules for the required program. A summary of the fees is as follows: \$165 for direct airport release; \$224 for 5-day-or-less quarantine; \$145 for Neighbor Island Inspection Permit; or \$1,080 for 120-day quarantine. The prescribed fee for animals transiting to other destinations is \$30 registration fee; \$15 health record fee; plus \$14.30 per day. In addition, a fee will be assessed for animals that remain in quarantine beyond the scheduled release date, at the rate of \$17.80 per day. Arrival before the eligible date will result in charges of \$14.30 per day plus additional program fees. Any refund of fees will be in accordance with HAR § 4-29-17. Allow six to eight weeks after the animal's release from quarantine for any refunds.

I further agree to pay, prior to release of the animal, for any additional owner-approved services, and for any services deemed necessary by the station veterinarian to ensure the health and safety of the animal. I will immediately notify the animal quarantine station in writing of any changes in address or contact information during the time the animal is in the custody of the HDOA; and I acknowledge that any animal remaining in quarantine ninety (90) days or more after the scheduled release date, for any reason, shall be deemed abandoned and may be disposed of at the discretion of the animal quarantine manager, including placement by adoption or euthanasia, without further notice and without liability on the part of the State or the Department of Agriculture. I acknowledge that the fees and requirements above are a summary of the exact requirements that are established by HAR Chapter 4-29, and that those rules and applicable law govern all aspects of the animal quarantine program. Additional summary information and references are posted at hawaii.gov/hdoa/ai/aqs/info.

I hereby authorize and certify the above to be true.

Signature of Primary Owner

Date

Notary Public or Authorized HDOA Employee

Date