

# 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: <input type="checkbox"/> DOG
			<input type="checkbox"/> CAT

✓ **CHECK ALL DOCUMENTS ENCLOSED, INDICATE PROGRAM APPLYING FOR AND AMOUNT OF ENCLOSED PAYMENT**

DOCUMENTS SUBMITTING				TYPE OF PROGRAM APPLYING FOR				PREPAYMENT
RECENT RABIES VACCINE CERT.	PREVIOUS RABIES VACCINE CERT.	* HEALTH CERTIFICATE	** HAWAII HEALTH CERTIFICATE	DIRECT AIRPORT RELEASE \$165	SUBSEQUENT ENTRY \$78 <u>SEE REQUIREMENT</u>	5 DAYS OR LESS \$224	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 AS A SET WITH THIS COMPLETED AND NOTARIZED DOG & CAT IMPORT FORM

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

<ul style="list-style-type: none"> <li>• <b>HAWAII PET:</b> Check box <input type="checkbox"/> If pet will be leaving Hawaii and returning (Refer to Resident Pet requirements)</li> <li>• <b>SUBSEQUENT ENTRY:</b> Check box <input type="checkbox"/> 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.)</li> </ul>
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**II. PRIMARY OWNER INFORMATION**

NAME: LAST		FIRST	M.I.
IDENTIFICATION NO. (DRIVER'S LICENSE, STATE ID, MILITARY ID, S.S. ,etc)		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 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
	TELEPHONE: HOME		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 <input type="checkbox"/> CAT	MICROCHIP NUMBER	BREED CODE
COLOR CODE(S)	NEUTERED/SPAYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SEX <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; 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. Fees are subject to change. Allow six to eight weeks after an 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 DOA; 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 [www.hawaiiag.org/hdoa/ai\\_aqs\\_info.htm](http://www.hawaiiag.org/hdoa/ai_aqs_info.htm).

*I hereby authorize and certify the above to be true.*

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Signature of Primary Owner

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Date

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Notary Public or Authorized DOA Employee

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Date