



HAWAIIAN
HUMANE
SOCIETY

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LOST ANIMAL REPORT



Today's Date: _____ Time: _____

Owner Name: _____

Address: _____

City: _____ Zip: _____

Phone: Primary _____ Home Work Cell

Secondary _____ Home Work Cell

Email Address: _____

Date Lost: _____ Location Lost: _____

Collar Type: _____ Collar Color: _____

Identifiers: Microchip:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	# _____
License #:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	# _____
Tattoo:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	_____
				OTHER IDENTIFICATION?

Pet Information: Dog Cat Other Specify _____

Name: _____

Breed: Main _____ Second _____

Approximate Age: _____ Gender: Female Male

Spayed/Neutered: Yes No Don't know Tail: Curly Long Short

Coat Color: Main _____ Second _____ Third _____

Coat Type: Curly Long Shorthair Wirehair Matted Groomed

Pattern: Typical Solid Bi-color Spotted Tri-color

Eye Color: Left _____ Right _____ Deaf: Yes No

Ear: Erect Drooping Cropped Semi-erect Notched

Size: Small Medium Large Weight _____

Other Information: _____