

Please fill in all information.
MICROCHIP REGISTRATION

MICROCHIP I.D.# _____ DOG CAT OTHER _____

CLINIC WHERE INPLANTED _____

MALE

FEMALE

NEUTERED

PET'S NAME _____ AGE _____

WEIGHT _____ COLOR _____

DESCRIPTION / BREED _____

OWNER'S NAME _____

ADDRESS _____ ZIP _____

DAY PHONE: _____ NIGHT PHONE: _____ CELL PHONE: _____

EMAIL: _____

I agree to release the information provided here to the Hawaiian Humane Society and that all information is kept confidential.



Hawaiian Humane Society
2700 Waiālae Ave., Honolulu, HI 96826
946-2187 • fax 955-6034
hawaiianhumane.org

SIGNATURE

DATE

HHS-10/10-50M