Please fill in all information. MICROCHIP REGISTRATION

MICROCHIP #		DOG CAT	OTHER	
CLINIC WHERE INPLANTED				
•	FEMALE	NEUTERE	D	
PET'S NAME			AGE	
WEIGHT				
DESCRIPTION / BREED OWNER'S NAME				
ADDRESS				
DAY PHONE				
EMAIL				
I agree to release the information confidential.			iety and that all info	ormation is kept
Hawaiian Humane Society				
2700 Waialae Ave., Honolulu, H 946-2187 • fax 955-6034			DATE	HHS-06/13
· HawaiianHumane.org	SIGNATURE		DAIL	-
	•			
•	Please fill in all	l information		
		Intormation		-
٨	AICROCHIP RE		N	-
	AICROCHIP RE	EGISTRATIO	_	_
MICROCHIP #	AICROCHIP RE	EGISTRATIO	_	
MICROCHIP #	AICROCHIP RE	EGISTRATIO DOG	OTHER	
MICROCHIP #CLINIC WHERE INPLANTED _	FEMALE	EGISTRATIO DOG CAT	OTHER	
MICROCHIP #CLINIC WHERE INPLANTEDMALE PET'S NAME	FEMALE	EGISTRATIO DOG CAT	OTHER D AGE	
MICROCHIP #CLINIC WHERE INPLANTED _ MALE PET'S NAME WEIGHT	FEMALE COLOR_	EGISTRATIO DOG CAT	OTHER D AGE	
MICROCHIP # CLINIC WHERE INPLANTED _ MALE PET'S NAME WEIGHT DESCRIPTION / BREED	FEMALE COLOR_	EGISTRATIO DOG CAT	OTHER D AGE	
MICROCHIP # CLINIC WHERE INPLANTED _	FEMALE COLOR_	EGISTRATIO DOG CAT	OTHER D AGE	
MICROCHIP # CLINIC WHERE INPLANTED _	FEMALE COLOR_	EGISTRATIO DOG CAT	OTHER D AGE ZIP	
MICROCHIP # CLINIC WHERE INPLANTED _	FEMALE COLOR_ NIGHT PHONE _	EGISTRATIO DOG CAT	OTHER D AGE ZIP	
MICROCHIP # CLINIC WHERE INPLANTED MALE PET'S NAME WEIGHT DESCRIPTION / BREED OWNER'S NAME ADDRESS DAY PHONE EMAIL agree to release the information p	FEMALE COLOR_ NIGHT PHONE _	EGISTRATIO DOG CAT	D AGE ZIP CELL PHONE _	
MICROCHIP #CLINIC WHERE INPLANTED _	FEMALE COLOR_ NIGHT PHONE _	EGISTRATIO DOG CAT	D AGE ZIP CELL PHONE _	