



Please fill in all information. MICROCHIP REGISTRATION

MICROCHIP # \_\_\_\_\_  DOG  CAT  OTHER \_\_\_\_\_

CLINIC WHERE INPLANTED THE HAWAII SPCA, 87-120 Kaukamana Rd, Waianae, HI 96792-808.554.5658

MALE  FEMALE  NEUTERED

PET'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_

DESCRIPTION / BREED \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HHS-05/12

HIPMP required information for controlled substances

The pain medication your pet will receive after the procedure is a controlled substance. The NED (Narcotics Enforcement Division) requires that we collect the following information for all dispensed controlled substances.

Guardian Name (as it appears on legal ID): \_\_\_\_\_

Guardian DOB: \_\_\_\_\_

Guardian Social Security Number OR Driver's License State & Number OR Other Type of ID (i.e. military)?

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

Guardian Physical Address, State, Zip Code: \_\_\_\_\_

[ ] Female [ ] Male

Animal Name \_\_\_\_\_

Dosage (for office use): \_\_\_\_\_