

Makawao Veterinary Clinic

Direct Airport Release Info Sheet

Thank you for choosing our clinic to assist you with the Kahului Airport Direct Release program for your pet(s). In order for us to begin processing the necessary paperwork, please fill out this form completely, read through our policy, and sign below.

Date of arrival: _____ **Time of arrival:** _____ [] In Cabin [] Cargo

Airline and flight #: _____
(If private aircraft, state tail # or name of carrier service): _____

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone# _____ **Email:** _____

Pet information:

Name: _____
Microchip #: _____
Species: Dog__ Cat__ Sex: ____
Breed: _____ Age: ____
Color: _____

Name: _____
Microchip #: _____
Species: Dog:__ Cat__ Sex: ____
Breed: _____ Age: ____
Color: _____

Direct Airport Release Policy: (please read and sign below)

All direct airport release services must be schedule no sooner than 31 days from your arrival date. It is your responsibility to make sure all the necessary requirements are completed to qualify for the Kahului Airport Direct Release program. In the event that your pet does not qualify for the direct release program upon arrival, your pet will be subject to immediate quarantine. You will be responsible for all transportation and quarantine fees. Once we receive a completed information sheet we will collect the full amount of the direct airport release fee as a deposit. Please make sure that your travel plans are set prior to booking your appointment. Deposits are non-refundable if cancelling within 24 hours of your scheduled arrival. There will be a \$100 cancellation fee if cancelling 24 hours or more from your scheduled arrival. This will be subtracted from your refund amount. Refunds are processed to your original payment method. You must notify us at least 48 hours from your scheduled arrival if you need to reschedule. If not you will be subject to an additional \$25 processing fee. If your appointment is schedule outside of our normal business hours, an additional after hours fee will apply.

By signing below, I agree that I have completed this form all the information provided is accurate. I also agree that I have read the Direct Airport Release policy and understand.

Client Name: _____ Client Signature: _____

Date: _____