



ANIMAL AIRPORT TRANSPORT FORM

Basic Information:

Owner's Name: _____

1st Pet's Name: _____

*Boarding Dates: _____ - _____

2nd Pet's Name: _____

Traveling From _____

3rd Pet's Name: _____

Traveling To: _____

*Boarding is \$20/day

Pet Health Information:

Vaccinations	Dogs	Cats	Other Species
	<input type="checkbox"/> DHLPP	<input type="checkbox"/> FVRCVPC	<input type="checkbox"/>
	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Rabies	<input type="checkbox"/>
	<input type="checkbox"/> Rabies		<input type="checkbox"/>
Vaccine for CNMI-?	<input type="checkbox"/> Corona	<input type="checkbox"/> FeLV	
Flea & Tick Prevention	<input type="checkbox"/> Frontline	<input type="checkbox"/> Revolution	<input type="checkbox"/>

Fees:

Health Certificate	\$25 for the first pet + \$29 exam fee \$20 each additional pet (no added exam fee)
Transport Fees	1 st animal is \$150 if pet needs to be at cargo between 6pm – 8am 1 st animal is \$110 if pet needs to be at cargo between 8am – 6pm All additional pets are \$75 each
Airline Fees	1) Owner can supply Wise Owl with their credit card numbers (see below) and no record of such numbers will be kept or placed on a computer. In this case Owner pays the fees and that is all. If the card is declined (twice) Wise Owl will not ship the animal. 2) Wise Owl can pay the fees at the time of transport. This requires the owner to get an estimate of the fees from the airline – in writing. Wise Owl will then add 25% to this fee to cover any changes made by either party. Any excess funds will be immediately mailed back to owner.

Credit Card Info:

Mastercard Visa Other

Name on Card: _____

Number: _____

Security Code: _____ Exp. Date: _____

Airline Information:

Flight Information	Airline Confirmation #: _____ Airline: _____ Flight #: _____ From: _____ To: _____ Flight Leaves at: ____:____ AM PM (circle one) Layovers at: <input type="checkbox"/> HNL (Honolulu)* <input type="checkbox"/> IHT (Houston) *If your flight <u>ends</u> in Hawaii, then the paperwork must be countersigned by the Territorial Vet
Shipper Information	Name: _____ Address in Guam: _____ _____ Phone number in Guam: _____
Receiver Information	Name: _____ Address: _____ _____ Phone # Guam: _____
Contact Information for the Night of Transport:	Name: _____ Phone: _____
Owner has supplied:	<input type="checkbox"/> Own Food <input type="checkbox"/> Water Bottles <input type="checkbox"/> Blankets <input type="checkbox"/> Toys <input type="checkbox"/>