

# AOAO HONOLULU PARK PLACE

## Pet/Assistance Animal Registration Form

NOTICE: For safety and security of all residents, pets and assistance animals, please complete and return this Pets/Assistance Animal Registration Form to the General Manager concerning your pet or your assistance animal. All pets and assistance animals must be microchipped\* in compliance with all applicable local ordinances and must be in compliance with all vaccination requirements. Assistance animals are not pets and can include: service animals, emotional support animals, support animals, therapy animals and comfort animals.

Name of Unit Owner: \_\_\_\_\_ Apartment/Unit number \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_ Apartment/Unit number \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Animal Owner: \_\_\_\_\_ Apartment/Unit number \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Animal Name(s)	Type/Breed	Age	Photo Attached	License #* or Microchip # & Name of Microchip Registration Company
				License #: _____ Microchip #: _____ Microchip Registration Company: _____ _____

\*City & County of Honolulu law, effective July 1, 2020, requires that all dogs three months or older and all cats four months or older, shall have a microchip implanted, and the dog or cat owner shall register the microchip number and the owner's contact information with a microchip registration company. Dogs with a current and valid dog tag that has been issued by the City prior to July 1, 2020, will be considered to be properly licensed until the dog tag expires.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Animal owner is responsible for maintaining current vaccination records for each Pet and Assistance Animal.**

**Emergency Contact Number:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance (Required to be completed by Pet owners only):**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the governing document provisions and policies pertaining to pets and assistance animals and will promptly update the information provided on this form in the event of any change thereto. **A photo of the animal is attached hereto.**

Signature of apartment owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of tenant (if applicable)\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*For tenants registering their assistance animal, signature of apartment owner is not required.  
Signature of both apartment owner and tenant is required for tenants registering their pet.*

Received by G.M. (signed) \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE RETURN THIS COMPLETED FORM TO GENERAL MANAGER***