

# Direct Airport Release Kona (Tremain Veterinary)

73-1348 Kukuna St Kailua-Kona, HI 96740  
P: (808)895-5369 PRIVATE [admin@konapets.travel](mailto:admin@konapets.travel)

THIS E-CONFIRMATION IS TO CONFIRM THAT THE FOLLOWING ANIMAL(S) WILL BE RECEIVED  
AND INSPECTED BY TREMAIN VETERINARY AT THE KONA AIRPORT

Today's Date: 03/14/2026

Please Check Only One of the Following:

- ☐ New Arrival  
☒ Reschedule (please indicate previously scheduled date): 4/19/26  
☐ Cancellation (please indicate cancelled date): \_\_\_\_\_

Date of Arrival: 04/19/2026

Airline and Flight Number: Kona Shuttle - KA199 Time of Arrival: 11:20 AM

\*If private aircraft, state tail # or name of carrier service\*

☐ Check if pet is arriving via ship/sailboat:  
Date of Arrival: \_\_\_\_\_ Name of Vessel: \_\_\_\_\_ Cruise Line (if applicable): \_\_\_\_\_  
Harbor: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

Legal Primary Owner Name (as appears in HIPOP):

Last: mcdonald First: carol  
Phone Number: 9259632855 Email Address: carolsmcdonald@hotmail.com

## Pet Information:

Name: Carol McDonald  
Primary MC# (required): 956000013885103  
Secondary MC# (optional): \_\_\_\_\_  
Species: Canine Sex: MN Age: 5  
Breed: DOB Color: BLK  
Entry App#: A26-03721-1

Name: \_\_\_\_\_  
Primary MC# (required): \_\_\_\_\_  
Secondary MC# (optional): \_\_\_\_\_  
Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Entry App#: \_\_\_\_\_

Name: \_\_\_\_\_  
Primary MC# (required): \_\_\_\_\_  
Secondary MC# (optional): \_\_\_\_\_  
Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Entry App#: \_\_\_\_\_

Name: \_\_\_\_\_  
Primary MC# (required): \_\_\_\_\_  
Secondary MC# (optional): \_\_\_\_\_  
Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Entry App#: \_\_\_\_\_

\*\*If any information is incomplete or microchip is incorrect, the confirmation will be returned to you for completion.