

# 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: 12/20/2025

Please Check Only One of the Following:

☐ New Arrival

☒ Reschedule (please indicate previously scheduled date): 01/04/2026

☐ Cancellation (please indicate cancelled date): \_\_\_\_\_

Date of Arrival: 01/03/2026

Airline and Flight Number: Kona Express - SCA 8501 Time of Arrival: 12:40 PM

\*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: Schulhof First: Elizabeth

Phone Number: 9178210023 Email Address: schulhofpa6@gmail.com

## Pet Information:

Name: Callie  
Primary MC# (required): 985111000313870  
Secondary MC# (optional): \_\_\_\_\_  
Species: Canine Sex: F Age: 11  
Breed: MIX Color: TAN  
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#: \_\_\_\_\_

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.