ANIMAL MEDICAL CLINIC PET QUARANTINE

Phone: 671-637-8387 Fax: 671-637-8424

Email: amcpetlodge@outlook.com

Dr. Kevin Malakooti 1961 Army Drive Tamuning, GU 96913

QUARANTINE RESERVATION FORM

	(Please ty				
	OWNER	INFORM	ATION		
PET OWNER'S NA	AME:				
Last	F	irst		MI	
CHECK ONE:	Civilian		Military		
			Branc	ch	
CURRENT MAILI	ING ADDRESS:				
Address					
City		State		Zip	
Home:		Work:			
Mobile: Email Address:		Fax:			
	ն: (if available)				
GUAM CONTACT	First			MI	
			Relation to Pet Owner	MI	
GUAM CONTACT Last Phone #	First	ole)		MI	
GUAM CONTACT Last Phone #	Cell #	ole)		MI	

PET INFORMATION					
Cat/Dog	Breed	Age	Color	Weight	Sex

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KENNEL RESERVATION

QUARANTINE PROGRAM

0 - 5 days or 6 - 120 days

The quarantine period is determined by the Guam Department of Agriculture. You should contact their office to find out the appropriated program prior to making quarantine reservations for your pet(s). Contact Jackie at by phone: (671) 300-7966, fax: (671) 734-6569 or email: gu.agri@yahoo.com

	ANIMAL MEDICAL CLINIC PET QUARANTINE FEE SCHEDULE				
	CANINE	FELINE	PROGRAM (Days)	FEE	
Pet 1					
Pet 2					
Pet 3					
	Airport pick-up fe	ee	\$100 / pet		
	Airport customs fees		\$90 - \$140		
	Require Reservati	on Deposit	\$100 / pet		
			TOTAL FEE DUE		

PAYMENT MAY BE MADE BY CASH, CREDIT CARD, OR CASHIER'S CHECK ONLY **NOTE ALL RESERVATION DEPOSITS ARE NON-REFUNDABLE**

ARRIVAL INFORMATION				
	ARRIVAL	CARRIER	FLIGHT #	
Date	Time			

Be prepared, so that you ensure you do not incur any extra charges.

It is very important you have the correct arrival date on the entry permit. Arrangements are mad prior to arrival date to ensure pets are inspected and picked-up on schedule. If your pet does not arrive (no show) on the schedule pick-up date, you will be charges \$150 for airport pick-up fee plus the fee that Guam Customs will charge for the Scheduled Off-Duty Custom Agent. Pets arriving without reservations and required documents will be charged an additional \$150 to cover unexpected labor costs and time.

ACCEPTANCE AND DISCLOSURE

I hereby request a reservation for the kennel(s) stated above. I understand that the reservation
deposit herewith enclosed is non-refundable. Animal Medical Clinic reserves the right to cancel
my reservation at which time my reservation will be forfeited. I am aware that Animal Medical
Clinic must be listed as the consignee on the airway bill. By signing below, I agree to the terms of
this agreement.

Overnou Signatura	Data
Owner Signature	Date