

COUNTY OF HAWAII
DEPARTMENT OF FINANCE
VEHICLE REGISTRATION LICENSING DIVISION

APPLICATION FOR DOG LICENSE

PLEASE PRINT CLEARLY OR TYPEWRITE:

DATE: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____

BREED: _____

APPROXIMATE AGE: _____

SEX: FEMALE MALE

COLOR: _____

STERILIZED: YES NO

NAME OF DOG: _____

COMMENTS: _____ \$ _____

MICROCHIP NO: _____ TAX: \$ _____

PREVIOUS LIC NO: _____ TAG: _____ **0.10**

CURRENT LIC NO: _____ AMOUNT DUE: \$ _____

Owner's Signature _____

Please return completed application to:
Vehicle Registration & Licensing Division
Administration
101 Pauahi Street, Suite 5
Hilo, HI 96720