

**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: _____ CITY/STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

PHONE: _____

BREED: _____

APPROXIMATE AGE: _____

SEX: FEMALE MALE

COLOR: _____

STERILIZED: YES NO

NAME OF DOG: _____

COMMENTS: _____

LICENSE FEES

MICROCHIP NO: _____

• Sterilized (with veterinary certificate/proof): **\$2.10**

• Sterilized (no veterinary certificate/proof): **\$6.10**

PREVIOUS LIC NO: _____

• Not sterilized: **\$6.10**

• Replacement tag: **\$.10**

CURRENT LIC NO: _____

AMOUNT DUE: \$ _____

RENEWAL:

Owner's Signature _____

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