



Dog License Registration Form

OWNER INFORMATION:

First Name: _____ Last Name: _____
 Email: _____
 Mailing Address: _____
 Physical Address: _____
 Home Phone: _____ Cell Phone: _____
 Driver's License or Hawaii State ID#: _____ Owner's DOB: _____
 Emergency Contact: _____ Phone: _____

DOG INFORMATION:

Dog #1 Name: _____ Age: _____ Sex (circle): Male Female
 *Spayed/Neutered (circle) Yes No **(If Yes, please include proof of the spay/neuter from your vet clinic).*
 Breed: _____ Color: _____
 Other distinguishing traits (ex. – cropped ears, docked tail, markings) _____
 Microchip #: _____ Tattoo #: _____

Dog #2 Name: _____ Age: _____ Sex (circle): Male Female
 *Spayed/Neutered (circle) Yes No **(If Yes, please include proof of the spay/neuter from your vet clinic).*
 Breed: _____ Color: _____
 Other distinguishing traits (ex. – cropped ears, docked tail, markings) _____
 Microchip #: _____ Tattoo #: _____
**(If you have additional dogs, please submit another form).*

FEES:

Spay/Neuter Dog	\$11.00 x _____	Amount Due \$ _____
Unaltered Dog	\$76.00 x _____	Amount Due \$ _____
*Mail In Processing Fee:		Amount Due \$ _____
	*(\$10 for 1 st license/\$5 for each additional license)	
	Additional Donation Amount	\$ _____
	Total Enclosed	\$ _____

Please mail this form, check/payment and any required information to:

Maui Humane Society
 Attn: License Renewal
 PO Box 1047
 Puunene, HI 96784

To pay by credit card, please fill in the following:

Circle One: VISA MC AMEX DISC

Name on Card: _____

Card #: _____

Expiration: _____ CVC#: _____ Zip Code: _____