



Owner/Agent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

(1) Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_ Neutered\* \_\_\_\_ Female \_\_\_\_ Spayed\* \_\_\_\_ License # \_\_\_\_\_

(2) Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_ Neutered\* \_\_\_\_ Female \_\_\_\_ Spayed\* \_\_\_\_ License # \_\_\_\_\_

(3) Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_ Neutered\* \_\_\_\_ Female \_\_\_\_ Spayed\* \_\_\_\_ License # \_\_\_\_\_

Are you applying for a license under the licensed hunter's exception? \*\* Yes \_\_\_\_ No \_\_\_\_

The License(s) issued are subject to all Laws of the State of Hawaii and Ordinances of the County of Kauai governing the regulation and ownership of dogs. As the licensed dog owner/agent, I agree to comply with all the laws regarding my licensed dog(s) on Kauai and completely and fully release the County of Kauai from and against all liability arising out of my ownership/keeping of the above listed licensed dogs.

Signature of Owner/Agent \_\_\_\_\_

*Please make checks payable to Kauai Humane Society*

*I hereby authorize the Kauai Humane Society to charge my credit card for the total amount listed below*

Cardholder Name: \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Credit Card (circle one): VISA MC AMEX Credit Card Number \_\_\_\_\_ Exp. (mo/yr) \_\_\_\_\_

\* Proof of sterilization is required \*\* Proof of active hunter's license is required

Number of dog tags (one per dog):	_____ x \$2 = _____	Date: _____
Non-Licensed Hunters		
Number of altered dogs being licensed:	_____ x \$15 = _____	
(Please attach sterilization certificates)		
Number of unaltered dogs being licensed:	_____ x \$50 = _____	Total = \$ _____
Hunters (Please attach active hunter's license)		
First dog being licensed:	_____ x \$15 = _____	
Number of additional dogs being licensed:	_____ x \$7 = _____	Total = \$ _____
Dog License #(s): _____		