

## AGREEMENT TO TRANSFER PET OWNERSHIP

Current Pet Ov	wner/Owners:			
Street Address	s:	City:	State:	Zip:
Phone:		Email:		
Pet Name:		Species:	Breed:	
Age:	Sex:	Spayed/Neutered:	Microchip:	:
As the <u>current</u>	<i>pet owner</i> , I understand th	nat by signing this form:		
	rship of said animal has be ion or status of this pet,	en transferred and I will no longer r	eceive any reports	as to the
(b) I am n	o longer liable for making i	medical decisions on this patient's b	pehalf, and	
(c) I am fi owner	• •	ny fees related to this pet's medical	care up until the t	ransfer of
I agree to trans	sfer the above named anin	nal as of this date:		
*OR*In the	event that the transferring o	wner is not present:		
I acknowledg	ge that I am transferring	ownership of the pet described	above to:	
New Owner's I	Name:			
		City:		Zip:
Phone:		Email:		
As the <u>new ow</u>	<i>ner of this pet</i> , I understan	nd that by signing this form:		
(a) Owner	rship and care of said anim	al has been transferred to me,		
(b) I am lia	able for making all medical	decisions on this patient's behalf, a	and	
(c) I am fi	nancially responsible for th	ne fees related to this pet's medical	care from this poi	nt forward.
Signature of N	ew Owner:		Date:	