

FOR OFFICE USE ONLY
Received
by _____ date _____
Contacted
by _____ date _____
Comments: _____

STANISLAUS ANIMAL SERVICES AGENCY

Transfer of Ownership

Microchip# _____ License # _____ Animal ID# _____

New Owner Name _____
 Address _____
 City _____ Zip Code _____
 Mailing Address _____
 Telephone _____ Telephone _____
 E-Mail _____
 DL# _____ D.O.B. _____

New Alternate Contact Name _____
 Telephone _____

Signature of New Owner _____ Date ____ / ____ / ____

Original Owner Name _____
 Address _____
 City _____ Zip Code _____
 Mailing Address _____
 Telephone _____ Telephone _____
 E-Mail _____
 DL# _____ D.O.B. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Original Owner _____ Date ____ / ____ / ____

Email requests to stanislausanimalservicesdoglicense@stancounty.com or fax to (209)558-2138.

Visit our website at www.stanislausanimalservices.com, or visit us at 3647 Cornucopia Way, Modesto CA, Mon - Fri 9 am – 5pm, Sat 8 am – 5 pm.

