

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. _____

Alternate Contact Name _____ Telephone _____

Signature of New Owner _____ Date ____ / ____ / ____

COPY OF VALID ID IS REQUIRED

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 ____ / ____ / ____

COPY OF VALID ID IS REQUIRED

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

Visit our website at www.stanislausanimalservices.com,

Visit us in person at 3647 Cornucopia Way, Modesto, CA

Hours: Mon, Tues, Thurs, Fri 10am – 5pm, Weds 1pm – 5pm, Sat 9am – 5pm.

