Agreement to Transfer Pet Ownership

Name _____ Employer_____

Address _____ Address_____

_____ _____

Phone _____ Phone _____

I acknowledge that I am transferring ownership of the pet described below to this veterinary practice:

Name _____ Approximate Age _____
Breed _____ Color _____
Microchip/Tattoo ID Number _____ Weight _____
Dog _____ Cat _____ Puppy _____ Kitten _____ (check one)
Male _____ Female _____ Neutered Male _____ Spayed Female _____ (check one)
Vaccination History _____
Deworming History _____

I understand that (please initial each statement):

_____ I am transferring ownership of my pet to this veterinary practice, where he/she will be treated at no further charge to me and either a) adopted to a new owner, b) if a new home cannot be found within a reasonable time period, euthanized at the option of the practice's staff or c) transferred to a local humane society for adoption or euthanasia.

_____ If my pet is adopted, he/she will be placed as a pet and companion animal only, and will not be used for any other purpose.

_____ This veterinary practice must and will maintain strict confidentiality with respect to the identity of the adoptive owner and I will not have access to that information.

_____ Once ownership has been transferred, I will no longer receive any reports as to the condition or status of this pet.

_____ I am financially responsible for the fees related to this pet's medical care up until the transfer of ownership to this veterinary practice.

I agree to transfer the above-named animal as of _____ _____
Time Date

_____ _____
Signature of Transferring Owner Date

_____ _____
Signature of Telephone Witness (if needed) Date