



# TRANSFER OF OWNERSHIP FORM

Pet's Name:		Breed:		DOB:	
Sex:		Description:		Weight:	
Microchip #:		Veterinarian Info:			
Rabies Tag #:					
Comments:					

**If more than one pet is being transferred, indicate total number of pets being transferred here: \_\_\_\_\_ and record additional pet information on reverse.**

### Previous Owner Information:

First Name:		MI:		Last Name:	
Physical Address:					
Mailing Address:					
Phone:					
Email:					

### New Owner Information:

Southeast Alaska Organization for Animals (SOFA)  
 PO Box 33226  
 Juneau, AK 99803  
 (907) 957-9059  
[contact@aksofa.org](mailto:contact@aksofa.org)

SOFA Representative: \_\_\_\_\_

The previous owner named above hereby relinquishes all claim(s) of ownership of, and responsibility for, the identified pet(s). No guarantee of health has been given new owner by previous owner, and new owner agrees to hold previous owner harmless for any veterinary or other expenses that may arise after this date

Previous Owner Signature	New Owner Signature	Date