



TRANSFER of OWNERSHIP for Dog License

Licensing Department
5480 Gaines St
San Diego, CA 92110
license@sdhumane.org
Fax (619) 342-2213

<i>Animal ID#:</i>		<i>Current License Number:</i>	
Name:		Breed:	
Gender:	Altered:	Age:	Color/Markings:

<i>Previous Owner Information</i>			
Last Name:		First Name:	Middle Name:
Mailing Address:			
City:		State:	Zip Code:
Home ()	Other ()		Email:

<i>New Owner Information</i>			
Last Name:		First Name:	Middle Name:
Mailing Address:			
City:		State:	Zip Code:
Home ()	Other ()		Email:

<i>Fees</i>	
<input type="checkbox"/>	\$15 transfer fee (new owner location: Carlsbad, Del Mar, El Cajon, Encinitas, Escondido, La Mesa, Oceanside, Poway, San Diego, San Marcos, Santee, Solana Beach, Vista) .

This Document must be processed in person or by mail. Please ensure payment is included.

Previous Owner:

I am accepting the Transfer of Ownership for the animal listed above. I acknowledge that by my signature below I hereby release all interest in this animal. I have provided a copy of my driver's license or Identification Card as proof of ownership.

X Signature (Former Owner)

Date

New Owner:

I am requesting a Transfer of Ownership for the animal listed above. I acknowledge that by my signature below I hereby accept all responsibility for this animal. I have provided a copy of my driver's license or Identification Card as proof of ownership.

X Signature (New Owner)

Date

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For Staff Use Only:

Current PO #	New License #	Approved by:	Date Issued:
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