

Stanislaus Animal Services Agency  
Transfer of Ownership - AVID Microchip

AVID # \_\_\_\_\_ LICENSE # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

NEW OWNER NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

NEW ALTERNATE CONTACT NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

Signature of New Owner \_\_\_\_\_

Date \_\_\_\_\_ Identification # \_\_\_\_\_

ORIGINAL OWNER NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

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

Signature of Original Owner \_\_\_\_\_

Date \_\_\_\_\_ Identification # \_\_\_\_\_

