



CATRANGERS OWNERSHIP TRANSFER

Date of Intake: _____ Ledger # _____
Location Rescued: _____ Canine ___ Feline ___ Other ___
Breed/Mix: _____ Color: _____
Male/Female: _____ Age: _____ S/N _____
Microchip: _____
Coat: _____
Behavior: Friendly ___ Shy ___ Fearful ___ Wild ___ House Broken ___ Accustomed
to Children ___
Known Illness _____
Medical: Rabies ___ S/N ___ FIV/Felv Test ___ Vaccines _____

ANIMAL SHELTER OR RESCUE GROUP RECEIVING THE PET: _____

PHYSICAL ADDRESS OF RECIPIENT OF PET: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP: _____

GDA LICENSE NUMBER: _____ GDA LICENSE EXPIRATION DATE: _____

OTHER LICENSE NUMBER _____ STATE OF ORIGIN _____

501C3 Y/N _____ IF YES, EIN # _____

AUTHORIZED INDIVIDUAL RECEIVING PETS ON BEHALF OF AGENCY LISTED ABOVE:

NAME: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

AUTHORIZING PERSON (SIGNATURE)

_____ DATE _____

CATRANGER WHO COMPLETED THIS FORM: _____

DATE: _____