

THE ANIMAL HOSPITAL OF CARRBORO, INC.
TRANSFER OF PET OWNERSHIP

Current Owner(s): _____

Pet(s): _____

Address: _____

Phone: _____ Folder #: _____

I hereby transfer ownership of my pet(s) and request that all medical records be transferred to the individual(s) listed below.

owner signature

co-owner signature

New Owner(s): _____

Address: _____

Phone: _____ Folder #: _____

I hereby accept ownership of the above listed pet(s) and assume full financial responsibility for its/their medical care.

owner signature

co-owner signature