



PUBLIC WORKS AND ENVIRONMENTAL SERVICES DEPARTMENT
ANIMAL CARE DIVISION
2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313 • FAX 954-359-6294

OWNERSHIP TRANSFER FORM

Please notarize and submit this Ownership Transfer Form within 30 days of transfer.

Pet Information				
Pet Name		Sex	Microchip Number	
Breed			Estimated Date of Birth	
Color/Description	Spayed/Neutered		Broward County Animal Id Number	
Previous Owner Information				
First Name		Last Name		Email
Home Address		City		State Zip
Home Phone		Business Phone		Mobile Phone
New Owner Information				
First Name		Last Name		
Address		City		State Zip
Business Phone		Mobile Phone		
Business Fax		Email Address		

I certify that the information on this Owner Transfer Ownership form is true and accurate. I understand that I have to fill out this form in order to change ownership of my animal.

Signature of Former Owner

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ (personally known)____, or (produced identification)_____.

Signature of Notary Public