



**COUNTY OF LOS ANGELES
DEPARTMENT OF ANIMAL CARE AND CONTROL**



Report of Puppy Transfer/Sale

OWNER/CUSTODIAN NAME (DAM)			
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL OR OTHER PHONE NUMBER	
()	()	()	

DAM NAME	TYPE	AGE	D.O.B.
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT		
COLOR	BREED		
LOS ANGELES COUNTY LICENSE TAG NUMBER	REGISTRY NUMBER		

PUPPY OWNER (PRIMARY)			
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL OR OTHER PHONE NUMBER	
()	()	()	

ANIMAL NAME	TYPE	AGE	D.O.B.
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT		
COLOR	SEX	BREED	

_____ SIGNATURE _____ DATE _____

This form must be completed within ten (10) days after the transfer/sale.
 Mail completed form to: S/N Program, 5898 Cherry Avenue, Long Beach, CA 90805.
 If you have questions, please call (562) 256-7104.