

## BC Pet Registry Registration Transfer Form: FOR ANIMAL SHELTERING AGENCIES & RESCUES

PET INFORMATION	
Pet Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Microchip #:	Tattoo Code:
Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pet Type: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Rabbit
Breed:	Date of Birth (MM/DD/YY): <input type="checkbox"/> Approximate
ORGANIZATION INFORMATION	
Org. Name:	Phone Number:
Email:	Contact Name:
PREVIOUS OWNER INFORMATION	
First Name:	Last Name:
Phone Number:	Email:
Address:	
City/Province:	Postal Code:
NEW OWNER INFORMATION	
First Name:	Last Name:
Phone Number:	Email:
Address:	
City/Province:	Postal Code:
ADDITIONAL INFORMATION	
Was the animal surrendered to your care? (If <b>Yes</b> , please submit surrender documentation with this form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this animal returned to your care after adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide the date of return:	
Did this animal come into your care as a stray?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were you able to contact the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the animal held for a legal stray hold period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Animal Sheltering Agency/Rescue certifies that, to their knowledge, the information stated in this form is true and accurate. The Animal Sheltering Agency/Rescue acknowledges and agrees that this change of registration form shall only be effective upon BC Pet Registry updating the applicable pet profile(s). The Animal Sheltering Agency/Rescue acknowledges and agrees that the BC Pet Registry and its affiliates shall not be liable for any claims arising in connection with this change of registration form. The Animal Sheltering Agency/Rescue has obtained permission from the New Owner for their personal information to be stored in the BC Pet Registry with the purpose of reunification with their pet if ever lost. **Signature of Animal Sheltering Agency/Veterinary Hospital required. Please send completed form to: [info@bcpetregistry.ca](mailto:info@bcpetregistry.ca)**

\_\_\_\_\_  
SIGNATURE OF SHELTER/RESCUE REPRESENTATIVE

\_\_\_\_\_  
DATE