



**Dr. Paul Wicks**

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**Agreement to Transfer Pet Ownership**

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**Name and address of transferring owner:**

**Name and address of new owner:**

**Information of Pet to be transferred:**

**Patient Name:**

**Date of Birth:**

**Species:**

**Breed:**

**Sex:**

**Color:**

**Weight:**

**Microchip:**

I acknowledge that I am transferring ownership of this pet to the above referenced new owner. I understand that I will no longer have access to his medical information. Once ownership has been transferred I will no longer receive status or condition reports. I also understand that I am financially responsible for all incurred costs for this pet until the transfer of ownership date listed below. I will not be responsible for any future costs

**Date of Transfer of Ownership:**

**Signature of Transferring Owner:**

**Date**

**Signature of New Owner:**

**Date**

**Signature of Witness:**

**Date**