

Vet's Name:

Vet Phone:

## Lifetime Enrollment/Transfer Form

Microchip #	
	Or place barcode sticker here

Pet Information									
Call Name:			Species:	Dog	Cat	Other	Breed:		
Gender: Male	Female	Date of Birth:		Color/Marking		kings:	Spayed/Neutered: Yes No		
Registry (optional):	AKC	Other				Registration Number (optional):			
Primary Contact Information									
First Name:									
Last Name:									
Address:									
City:		State:	Zip:						
Home Phone:									
Work Phone:									
Cell Phone:									
E-mail:						DIN CODE, FORCE			
						PIN CODE: 503033			
Alternate Contact Information					German Shepherd Dog Club Of America Mary Gattone 770-922-2172 2359 Lake Capri Road NW				
First Name:									
Last Name:									
Home Phone:					Conyers, GA 30012				
Work Phone:									
Cell Phone:						STEP 1 - Download	and Save this Form		
E-mail:							appropriate infomatioon		
Pet's Veterinarian					STEP 3 - Save this form to your computer STEP 4 - Email to destinogs1@aol.com OR PRINT & MAIL to the address above				
Clinic Name:									

TRANSFER OF OWNERSHIP: If this is a previously chipped pet that is being transferred, please choose one of the following:

Previous owner has relinquished ownership; please enter previous owner's name

Previous owner has NOT relinquished ownership, but has had sufficient time to reclaim animal and has not.