



AGREEMENT TO REMOVE A CO-OWNER

Current Pet Owner/Owners: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Pet Name: _____ Species: _____ Breed: _____

Age: _____ Sex: _____ Spayed/Neutered: _____ Microchip: _____

As the current pet owner, I understand that by signing this form:

- (a) Ownership of said animal has been transferred and I will no longer receive any reports as to the condition or status of this pet,
- (b) I am no longer liable for making medical decisions on this patient's behalf, and
- (c) I am financially responsible for any fees related to this pet's medical care up until the transfer of ownership.

I agree to relinquish co-ownership of the above named animal as of this date: _____

Signature of Relinquishing Owner: _____ Date: _____

**OR*In the event that the relinquishing co-owner is not present:*

Signature of NorthPaws Telephone Witness: _____ Date: _____

I acknowledge that I am transferring ownership of the pet described above to:

Primary Owner's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

As the primary owner of this pet, I understand that by signing this form:

- (a) Ownership and care of said animal has been transferred to me,
- (b) I am liable for making all medical decisions on this patient's behalf, and
- (c) I am financially responsible for the fees related to this pet's medical care from this point forward.

Signature of New Owner: _____ Date: _____