

TSSR Transfer of Ownership Application

Please print and sign all information in ink.

Mail to: TSSR 98 Ridgeway Road, Birdsboro, PA 19508

This application is considered a legal and binding document for the transfer of ownership of a TSSR registered Shiloh Shepherd. TSSR can not transfer any dog without the completion of this application accompanied with the original registration papers and transfer fee (\$20.00). TSSR reserves the right to refuse this application if there are any omissions or discrepancies. TSSR will return the application and notify each party involved as to why they are being returned.

I understand with my signature I am entering into a legal and binding transfer of ownership. I further understand TSSR reserves the right to suspend or take further action on anyone purposely misrepresenting any information on this application for the transfer of:

Dogs Registered Name: _____

Dogs Registration #: _____ DOB: _____

Part 1: To be completed by present owner (s) recorded on current registration papers :

Transferred to: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of recorded owner: _____ Date: _____

Signature of witness: _____ Date: _____

Part 2: To be completed by present co-owner (s) recorded on current registration papers :

Transferred to: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of recorded owner: _____ Date: _____

Signature of witness: _____ Date: _____

Part 3: To be completed by present person (s) holding a Breeders Agreement on current registration:

Transferred to: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of recorded owner: _____ Date: _____

Signature of witness: _____ Date: _____

Part 4: To be completed by new owner(s). Must match name above shown as transferred to. Current co-owner, or Breeders Agreement holder will remain the same unless relinquishment form is completed.

New Owner (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of recorded owner: _____ Date: _____

Signature of witness: _____ Date: _____