

**Jennifer S. Hunter CPA
Madison County Auditor**

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IF YOU ARE SELLING OR TRANSFERRING OWNERSHIP OF A DOG YOU ARE REQUIRED TO FILL OUT THIS FORM.

Must be completed within ten (10) days after the transfer of ownership or possession of any dog.
PLEASE FILL OUT (PRINT) THE INFORMATION BELOW

Name of the Seller or Transferor

Street Address

City

State

Zip Code

Primary Contact Phone Number

Secondary Contact Phone Number

Name of the Buyer or Transferee

Street Address

City

State

Zip Code

Primary Contact Phone Number

Secondary Contact Phone Number

Dogs Age: _____ Gender: _____ Color: _____ Hair Length: _____

Breed: _____ Dogs Tag Number: _____ Dogs Name: _____

Microchip Number: _____ Rabies Tag # _____

Dated this _____ day of _____ 20____

Tag issued in County _____

Signed, _____
Transferer/Seller

This transfer recorded _____ 20____

Signed, _____
Transferee/Buyer

County Auditor

by: _____ Deputy Auditor

State of Ohio

County of Madison

On this ____ day of ____ 20____

Personally appeared before me and proved to me through satisfactory evidence of identification, whose name is signed on the above document.

Notary