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## ENROLLMENT TRANSFER FORM

This form is used to transfer a pet that is already enrolled with AKC Reunite. AKC Reunite enrollment will help to ensure your lost pet's safe return home, but does not signify ownership. **There is a \$29.95 fee for transferring a pet's record.** You can submit your transfer request online for only \$22.95 at [www.akcreunite.org/transfermypet](http://www.akcreunite.org/transfermypet). The new Primary Contact will receive a confirmation letter once the transfer is processed.

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am providing previous Primary Contact's name and signature.

Previous Primary Contact's name (print) \_\_\_\_\_ Signature \_\_\_\_\_

☐ I am not providing previous Primary Contact's name and signature. I understand AKC Reunite will send a release letter to the pet's current Primary Contact on record. This letter will request the Primary Contact acknowledge the enrollment transfer for this pet within 30 days. If the Primary Contact approves or rejects the transfer, the pet's transfer will be handled accordingly. If the Primary Contact fails to respond within 30 days, the transfer will be completed in my name.

### PET INFORMATION

MICROCHIP #: \_\_\_\_\_ PET CALL NAME: \_\_\_\_\_

SPECIES: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_ BREED: \_\_\_\_\_ ☐ Male ☐ Female

DATE OF BIRTH: \_\_\_\_\_ SPAYED/NEUTERED: ☐ Yes ☐ No COLOR/MARKINGS: \_\_\_\_\_

### NEW PRIMARY CONTACT

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

MOBILE PHONE #: \_\_\_\_\_ TEXT MESSAGE EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### NEW ALTERNATE CONTACT

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

MOBILE PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PAYMENT INFORMATION: \$29.95 Transfer Fee

Provide your credit card information below or enclose a check or money order, payable to AKC Reunite.

PLEASE CHECK ONE: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PRINTED NAME OF CARDHOLDER: \_\_\_\_\_

CARDHOLDER ADDRESS: \_\_\_\_\_

☐ Please **do not mail** me promotions/news from AKC Reunite.

☐ Please **do not email** me promotions/news from AKC Reunite.

☐ Please **do not share** my information with preferred associates (third parties) for special offers regarding my pet.

Prices, programs and terms subject to change.

TF002 (9/13)