



## Dog Transfer Form

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Litter Enrollment Number:

SFSB #:

Current Name of Dog:

New Name of Dog:

New Owner's Name and Address:

Transferred from (Name and Address):

Breeder's Name and Address:

Breed/Strain (Walker, July %):

Color and Sex:

Whelping Date:

Sire's Name and SFSB #:

Dam's Name and SFSB #:

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If you have any questions, please call us Monday-Friday 8 AM to 4:30 PM  
at 618-625-3602