



TRANSFER OF DOG OWNERSHIP CERTIFICATE

IF YOU ARE SELLING OR TRANSFERRING OWNERSHIP OF A DOG YOU ARE REQUIRED TO COMPLETE THIS FORM PER OHIO REVISED CODE 955.11

Must be completed within ten days after the transfer of ownership or possession of any dog, if the seller or other transferor of the dog has knowledge that the dog is a dangerous dog, the seller or other transferor shall give to the buyer or other transferee, the board of health for the district in which the buyer or other transferee resides, and the dog warden of the county in which the buyer or other transferee resides, a completed copy of a written form.

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 M/F | Spayed/ Neutered Yes/No | Colors (up to 4) | Breed | Hair Length (S,M,L) | License Number |
|----------|------------|-------------------------|------------------|-------|---------------------|----------------|
| | | | | | | |
| Pet Name | | | | | | |
| | | | | | | |

Dated this _____ day of _____ 20____

I have also received and understand the statements regarding dog behavior.

Tag issued in County _____

Signed , _____

This transfer recorded _____ 20____

Required Signature of Transferer/Seller(or Executor, if applies)

 Deputy Auditor

Signed , _____

Advised Signature of Transferee/Buyer



Christopher A. Galloway
Lake County Auditor
www.lakecountyohio.gov

Lake County Administration Center
105 Main Street • P.O. Box 490
Painesville, Ohio 44077-0490

440.350.2532
440.428.4348
440.918.2500
Fax 440.350.2667

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Has the dog ever chased or attempted to attack or bite a person? Yes No _____(Initials)

If yes, describe the incident(s) in which the behavior occurred.

Has the dog ever bitten a person? Yes No _____(Initials)

If yes, describe the incident(s) in which the behavior occurred

Has the dog ever seriously injured or killed a person? Yes No _____(Initials)

If yes, describe the incident(s) in which the behavior occurred.

Does your dog meet any of the definitions of either a dangerous or vicious dog? Yes No _____(Initials)

Signed , _____
Required Signature of Transferer/Seller(or Executor, if applies)

Send \$5.00 along with the first two pages of this form to the:

Lake County Auditor Dog License
105 Main Street, Suite C-101
Painesville, Ohio 44077