

# Rat Transfer of Ownership Application

- Gold Member / Pre-Paid Registration ~ Free
- Silver Member / Free within limit ~ \$1.00
- Full Member / Supporting Club ~ \$1.00
- Non-Member ~ \$2.00



## Previous Owner's Information:

|               |   |
|---------------|---|
| Name:         | E-mail:   |
| Rattery Name: | Prefix: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

On  I transferred the rat listed below to the new owner listed below.

|                             |      |
|-----------------------------|------|
| Previous Owner's Signature: | Date |
|-----------------------------|------|

## New Owner's Information:

|               |   |
|---------------|---|
| Name:         | E-mail:   |
| Rattery Name: | Prefix: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

Member ID:

If You are not a member of NARR, please print your full address (Street Address, City, State & Zip):

## Rat Information:

Registration Number:

Registered name:

**Update Health/Temperament Notes:** List any updated health or temperament notes you would like in the database, i.e. Tumors, SDA, Respiratory Problems, Injuries, etc. Include dates if possible. If rat has been/is healthy then leave blank. Updates can be made online.

**I certify that I am the new owner of the above-mentioned rat and wish to change the rat's listed ownership, or that I am the breeder of the above-mentioned rat and registered this rat using the group litter form, and I am now wishing to transfer this rat's ownership to the new owner listed above.**

|   |      |
|---|------|
| Previous Owner's (if Breeder) or New Owner's Signature: | Date |
|---|------|

*(Previous owner may ONLY sign here if they bred the rats being transferred, otherwise this form must contain the signatures of both parties)*

|  |             |
|--|-------------|
| Mail completed application to:<br><br>North American Rat Registry<br>PO Box 5721<br>Saginaw, MI 48603-0721<br><br>Make checks payable to:<br>North American Rat Registry | Office Use: |
|--|-------------|