

This agreement documents the transfer of ownership of the animal described herein and by the terms described herein.

Previous Owner's Information if known:

| First and Last Name: | | | | | |
|---|--------|-------|-------|--|--|
| Street Address: | | | | | |
| City: | State: | Zip C | Code: | | |
| Phone Number: 🗆 Cell Phone 🗆 Home Phone | | | | | |
| Email Address: | | | | | |

New Owner's Information:

| Hidden Bee Animal Rescue DBA Hidden Bee Farm: | | | | |
|---|--|--|--|--|
| First and Last Name Of Farm Representative: | | | | |
| 753 Carters Creek Pike Columbia TN, 38401 | | | | |
| 1931674-1790 contact@hiddenbeefarm.org | | | | |
| 501 (c) 3 87-3587940 | | | | |

Animal's Description (provided by previous owner):

| Animal/Pet's Name: | | | | |
|---|---------------------|--------|--|--|
| Species: (equine, foul, etc.): | | Breed: | | |
| Sex: M or F Has the animal k | been fixed? Y or N | | | |
| Description: | | | | |
| Color: | | | | |
| | | | | |
| Age: | Approximate weight: | | | |
| Health Conditions: | | | | |
| Medications: | | | | |
| Known Allergies: | | | | |
| HIDDENBEEANIMALRESCUE.ORG DBA HIDDENBEEFARM.ORG | | | | |



Transfer of Ownership Agreement

AGREEMENT

Please attach any vet, health, medication, or shot records you may have.

Is there anything else you would like us to know about the animal?

Previous Owner:

First and Last Name:

To the best of my knowledge, all information about the animal provided by me to the new owner is true. I

understand and hereby certify that (i) I am the true and rightful owner of the animal described above,

(ii) no other person has any right of property in this animal, (iii) I surrender all property rights in this animal, and (iv) I am conveying full and complete right, title, and interest in and to this animal to the new owner documented above.

Previous owner's signature: _____ Date: _____

