



CITY OF LOUISIANA

Animal Transfer Form

Date of Transfer: _____

Animal Intake Date: _____

Animal Intake Number: _____

Facility transferred to: _____

Mailing Address: _____

Phone # _____

USDA and/or ACFA License Number(s): _____

Contact At Location: _____

Person Transporting: _____

Animal Control Officer: _____

Date: _____