



Alpena County Treasurer
720 W Chisholm St, Suite 3
Alpena, MI 49707
989-354-9534

Transfer of Ownership Form

Dog Information

Dog's Name _____

License # _____

Previous Owner Information

Dog Owner(s) _____

By signing below, I acknowledge that I am no longer the rightful owner of this animal.

Signature _____

Date _____

New Owner Information

Dog Owner(s) _____

Address _____

City/State _____

Zip Code _____

Telephone (with area code) _____

Signature _____

Date _____