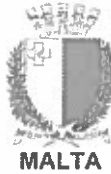


**MINISTERU GHAR-RIZORSI U
AFFARIJET RURALI**

*Dipartiment għar-Regolazzjoni
tal-Biedja u s-Sajd*



**MINISTRY FOR RESOURCES AND
RURAL AFFAIRS**

*Agriculture and Fisheries Regulation
Department*

Direttorat tar-Regolazzjoni Veterinarja

Veterinary Regulation Directorate

REQUEST FOR TRANSFER OF PETS

Date: _____

Name of present owner: _____

Address: _____

ID Card: _____ Tel. No: _____

Remarks: _____

Name of animal: _____ Microchip No: _____

Licence reference no: _____

Name of new owner: _____

Address: _____

ID Card: _____ Tel. No: _____

Remarks: _____

Present Owner

New Owner

Department Official

Please send this Form to:

The Microchipping Office, Main Building Room 4,
Animal Health and Welfare Department,
Abattoir Street, Marsa. MRS1123. Malta

Email: veterinaryregulation.mafa@gov.mt