



INTERNATIONAL CANINE SEMEN BANK - FLORIDA
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Transfer of Ownership of Frozen Canine Semen

This document, when completed, signed, and dated, transfers the ownership of the frozen canine semen described below to the new owner(s) designated below. Please send this completed form to ICSB-FLORIDA at the address listed above.

I/we, the current owner(s):

_____,
 of the below designated canine semen, do hereby transfer all rights of ownership and interest in the following frozen canine semen, its use, and resultant outcome to the new owner(s) listed below. The frozen canine semen is from:

Registered Name of Dog:

Registry and Registration Number: _____

Breed: _____

The following semen from the above dog is to be transferred to the new owner(s) listed below:

Date of Collection: _____ Number of Vials: _____

Date of Collection: _____ Number of Vials: _____

Date of Collection: _____ Number of Vials: _____

Date of Collection: _____ Number of Vials: _____

Date of Collection: _____ Number of Vials: _____

Check if ALL semen from the above-listed stud currently stored at ICSB-FLORIDA is to be transferred to the recipient below. If this box is checked and by my/our signature(s) below, I/we agree for ICSB-FLORIDA to list of all the semen currently stored in my/our name(s) on this Transfer of Ownership.

We do transfer all ownership and interest in the frozen canine semen specified above from the above-designated dog to:

Printed Name of New Owner(s):

Address of New Owner(s): _____

Phone Number of New Owner(s): _____

Email Address of New Owner(s): _____

I/we, being the sole owner(s) of the frozen canine semen from the above-designated stud, agrees that all interest, ownership, and liability of the above listed canine semen and its resultant use, outcome, and/or its transfer to other individuals, are no longer mine/our concern and now belong to the person(s) listed above as the new owner(s). **I understand that it is my/our responsibility to submit all registry certificates and required DNA profile numbers to ICSB-FLORIDA prior to this transfer.**

Date: _____

SIGNATURE(S) of Current Semen Owner(s):

Address of Current Semen Owner(s): _____

Phone Number(s) of Current Semen Owner(s): _____

Email Address(es) of Current Semen Owner(s): _____
