

International Canine Semen Bank-Grass Valley, Inc  
P.O. Box 741 •Cedar Ridge, California 95924  
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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 owners) designated below. Please send this completed form to ICSB-Grass Valley at the address above.

I

\_\_\_\_\_ (Name of present owner, coowners of frozen semen)

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

(Registered name of dog) \_\_\_\_\_ (Registry and 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 \_\_\_\_\_

Data of Collection: \_\_\_\_\_ Number of vials \_\_\_\_\_

Date of Collection: \_\_\_\_\_ Number of vials \_\_\_\_\_ OR,

ALL SEMEN FROM THE ABOVE DOG \_\_\_\_\_

(SIGNATURES HERE IF ALL FROZEN SEMEN IS TO BE TRANSFERRED)

We do transfer all ownership and interest in the frozen canine semen specified above from the above designated dog to: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(Printed name of new owner)

Address of new owner: \_\_\_\_\_ I,  
we, being the sole owner(s) of the frozen canine semen from the above designated dog, realize that all interest, ownership and liability in the above frozen semen and its resultant use, offspring produced from it, and/or its transfer to other individuals, are no longer mine/our concern and now belong to the person(s) listed above as new owners.

(Date) \_\_\_\_\_ (Signatures of Present Semen Owner and Coowners) \_\_\_\_\_

(Witness signature

\_\_\_\_\_  
Printed Names of Semen Owner and Coowner)

\_\_\_\_\_  
(Addresses of present semen owner and coowners)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip/Postal Code