



ICSB NOR-CAL

5988 Griffith Ave., Marysville, CA. 95901
(530) 923-7855-Phone / (530) 466-3200-Fax

info@icsbnorcal.com / caninesonice@gmail.com
www.icsbnorcal.com

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.

I, _____

(Name of present owner and co-owners 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: _____

Breed: _____ Registration Number: _____

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: _____

OR, ALL SEMEN FROM THE ABOVE DOG _____ (Dated and initials)

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

New Owner: _____

Address: _____

Email: _____ Telephone: _____

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.

Signatures of Semen Owner and Co-owners _____

Printed Names of Semen Owner and Co-owner _____

Addresses of present semen owners: _____

Witness Signature: _____ Date: _____