

INTERNATIONAL CANINE SEMEN BANK-KNOXVILLE
(ICSB-KNOXVILLE)
11301 Kingston Pike • Farragut, Tennessee 37934
(865) 966-8900 Fax (865) 675-4297



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-KNOXVILLE at the address above. NOTE: This original signed form must be submitted. A FAX copy is not binding NOR IS A HANDWRITTEN NOTE.

I, _____
(Name(s) of present owner and all 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) (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 _____

Date 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 to:

(Printed name of new owner) Telephone () _____

(Address of new owner) (Postal / ZIP code)

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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 Co-owners)

\_\_\_\_\_  
(Witness signature) (Printed Names of Semen Owner and Co-owners)

\_\_\_\_\_  
(Addresses of present semen owner and co-owners) Zip/Postal Code

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(Addresses of present semen owner and co-owners) Zip/PostalCode