



**INTERNATIONAL CANINE SEMEN BANK-Indianapolis  
(ICSB-INP)**

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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 to the new owner(s) designated below. Please mail this completed form to ICSB-INDIANAPOLIS at the address above. NOTE: This original signed form must be submitted. A FAX copy is not binding.

I, \_\_\_\_\_  
(Name(s) of present owner and all 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 \_\_\_\_\_

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 from the above designated dog 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 Coowners)

\_\_\_\_\_  
(Witness signature) (Printed Names of Semen Owner and Coowners)

\_\_\_\_\_  
(Addresses of present semen owner and coowners ) Zip/Postal Code

\_\_\_\_\_  
(Addresses of present semen owner and coowners) Zip/PostalCode

