



Sachse Veterinary Hospital

International Canine Semen Bank- Texas

4730 Ranch Road Sachse, Texas 75048

972.442.4441 . 972.442.7908 (fax) . sachsevet@yahoo.com

TRANSFER OF OWNERSHIP FOR FROZEN CANINE SEMEN

This document, when completed, signed, and dated, transfer the ownership of the frozen canine semen described below to the new owner(s) designated below. Please send this completed form to Sachse Veterinary Hospital at the address above. **NOTE: THE ORIGINAL SIGNATURE MUST BE SUBMITTED ON THIS FORM.**

I hereby authorize ICSB – TX to release _____ vial(s) of semen from the following dog:

Registered Name: _____

Breed: _____ Registry and No. _____

New Owner's Information

Name _____ Phone _____

Address _____ Zip _____

Payment (Please Circle) Visa M/C Amx Disc Check Cash

_____/_____/_____
Credit Card No. Exp. Date CCV# Name of Card Holder

I/we, being the sole owner(s) of the frozen canine semen from the above designated stud, realize that all interest ownership, and liability in the above frozen semen and its resultant use, offspring, 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.

All Owners and Co-Owners must sign below

_____/_____/_____
Semen Owner's Signature Date

Semen Owner's Printed Name Phone

_____/_____/_____
Semen Co-Owner's Signature Date

Semen Co-Owner's Printed Name Phone

_____/_____/_____
Witness Signature Date