

INTERNATIONAL CANINE SEMEN BANK – NORTHEAST (ICSB-NE)

455 Central Avenue – Seekonk MA 02771
 Phone: 508-761-8525 Fax: 508-761-7256
 Email: centralveticsb@aol.com
 Web: www.centralavevethospital.com

**TRANSFER OF OWNERSHIP OF FROZEN SEMEN**

THIS FORM MUST BE COMPLETED, SIGNED AND DATED TO TRANSFER THE OWNERSHIP OF THE FROZEN CANINE SEMEN LISTED BELOW, FROM ONE OWNER TO ANOTHER.

THE COMPLETED, SIGNED AND DATED FORM CAN BE EMAILED OR FAXED TO BEGIN THE PROCESS. HOWEVER, THE ORIGINAL COMPLETED, SIGNED AND DATED FORM MUST BE RECEIVED BY ICSB-NE TO FINALIZE THE PROCESS.

EMAIL COMPLETED FORM TO:
 centralveticsb@aol.com

fax COMPLETED FORM TO:
 508-761-7256

ALL COMPLETED, SIGNED AND DATED FORMS MUST BE SENT DIRECTLY TO ICSB-NE TO FINALIZE THE PROCESS:
 International Canine Semen Bank Northeast - 455 Central Avenue - Seekonk, MA 02771

SEMEN OWNER'S AUTHORIZATION TO RELEASE FROZEN SEMEN

Registered Name of Dog:			
Dogs Call Name:			
Breed:		Color(s):	
Date of Birth:		Registry: <input type="checkbox"/> AKC <input type="checkbox"/> CKC <input type="checkbox"/> UKC <input type="checkbox"/> Other <i>(please specify)</i>	
DNA Identification Number:		Registration Number:	
SEMEN TO BE TRANSFERRED			
Transfer all Semen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Transfer Partial amount of Stored Semen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Initials:		Co-Owner Initials:	
Date of Collection:	Number of Vials:	ICSB ID#	
Date of Collection:	Number of Vials:	ICSB ID#	
Date of Collection:	Number of Vials:	ICSB ID#	
Date of Collection:	Number of Vials:	ICSB ID#	
THE ABOVE SPECIFIED SEMEN IS BEING TRANSFERRED TO			
New Owner Name:			
Address:			
City/Town:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Signature:		Date:	
THE ABOVE SPECIFIED SEMEN IS BEING TRANSFERRED FROM			
<p>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 LISTED FROZEN CANINE SEMEN AND ITS RESULTANT USE, OFFSPRING PRODUCED FROM, AND/OR ITS TRANSFER TO OTHER INDIVIDUALS, ARE NO LONGER MY/OUR CONCERN AND NOW BELONG TO THE PERSON(S) LISTED ABOVE AS NEW OWNERS.</p> <p>I/WE THE UNDERSIGNED, DO HEREBY TRANSFER ALL RIGHTS OF OWNERSHIP AND INTEREST IN THE ABOVE NOTED FROZEN SEMEN, INCLUDING ITS USE, STORAGE, RESULTANT OFFSPRING AND BILLING CHARGES AS OF THE DATE SIGNED BELOW.</p>			
Original Owner Name:			
Signature:		Date:	
Original Co-Owner Name:			
Signature:		Date:	
WITNESS			
Name:			
Signature:		Date:	
BELOW IS FOR INTERNATIONAL CANINE SEMEN BANK – NORTHEAST USE ONLY			
Ship Prep:	Tank Rental:	Date Shipped:	Stat Fees:
Shipping Charges Out:	Back:	Tank#:	
Notes:			