  
**Sachse Veterinary Hospital**  
International Canine Semen Bank- Texas  
4730 Ranch Road Sachse, Texas 75048  
972.442.4441 . 972.442.7908(fax) . [sachsevet@yahoo.com](mailto:sachsevet@yahoo.com)

**TRANSFER OF OWNERSHIP FOR FORZEN 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