



INTERNATIONAL CANINE SEMEN BANK-OREGON  
 (ICSB-OR) P.O. BOX 651, SANDY, OREGON 97055  
 Phone: (503)-663-7031 Fax: 503-676-8025

**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-OREGON at the address above. **NOTE: THE ORIGINAL SIGNATURE MUST BE SUBMITTED ON THIS FORM. A FAX or E-MAIL copy is not binding and will not be honored.**

I, \_\_\_\_\_  
 Name 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. The frozen canine semen is from:

\_\_\_\_\_  
 (Registered name of dog) (Registry name and number- ie. AKC, CKC, UKC)

\_\_\_\_\_  
 (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: \_\_\_\_\_

or **All** semen from the above dog \_\_\_\_\_  
**(Signature here if ALL 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)

Email address: \_\_\_\_\_

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 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) (signature of present semen owner and co owners)

\_\_\_\_\_  
 (witness signature) (address of present semen owner and co owner)

\_\_\_\_\_  
 (continued address)