



**Animal Clinic
Northview, Inc.**

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Transfer of Ownership of Frozen Canine Semen

I, _____ Date _____ do hereby transfer all rights of ownership
(Name of present owner/co-owner of frozen semen)

and interest in the following frozen semen, its use, and resultant offspring to the new owner(s) listed below. I understand if the form is not complete then the transfer will not be processed.

This frozen canine semen is from:

Registered Name of Dog:

Dog's Call Name:

Registry:

Registration Number:

Breed:

Total Number of Vials/Straws to be Transferred:

I do transfer all ownership and interest in the frozen canine semen specified above to:

Name of New Owner:

Address:

City:

State:

Zip Code:

Telephone:

Choose the following:

Shipping

Storing at Animal
Clinic Northview

Shipping to:

Veterinary Clinic:

Address, City, State, Zip code:

Phone:

I, being the sole owners of the frozen canine semen from the above designated dog, realize that all interest and ownership in the above frozen semen and its resultant use, offspring produced transfer to other individuals, or any liability, are no longer my concern and now belong to the person(s) listed above as new owners.

Signature of Semen Owner:

Printed Name of Semen Owner:

Address:

City:

State:

Zip Code: