



**Animal Clinic
Northview, Inc.**

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Transfer of Ownership of Frozen Canine Semen

Attention:

The new semen owner of the frozen semen mentioned below will have
5 Business Days to return a client information and authorization form.
Transfer will be null and void if not completed in this time frame.

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: _____

Email: _____

Choose the following:

☐

Shipping

☐

**Storing at Animal
Clinic Northview**

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: _____