



*Chino Hills*

Animal Hospital and Pet Resort

**Transfer of Ownership of Semen**

This document, when completed, transfers ownership of the frozen canine semen described below to the new owner(s) designated below. Please send this completed form to Chino Hills Animal Hospital at 3415 Chino Ave Chino, CA 91710. **NOTE: THE ORIGINAL SIGNATURE MUST BE SUBMITTED ON THIS FORM. A FAX OR EMAIL COPY IS NOT BINDING AND WILL NOT BE HONORED.**

I \_\_\_\_\_ (print name) hereby transfer all right of ownership and interest in the following sperm; its use and resultant offspring to the new owner(s) listed below. The frozen canine semen was collected from:

Registered Name of Dog: \_\_\_\_\_

Call Name: \_\_\_\_\_

AKC Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

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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: \_\_\_\_\_ (initial)

We do transfer all ownership and interest in the frozen canine semen specified above from the above designated dog to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

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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 listen canine frozen semen and its resultant use, offspring produced from, and or transfer to other individuals, are no longer mine, and now belong to the person(s) listed above as the new owners.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Witness: \_\_\_\_\_