

AUTHORIZATION

STUD DOG OWNER'S AUTHORIZATION FOR TRANSFER OF OWNERSHIP of FROZEN CANINE SEMEN



This form is required for our files. Please complete this form and sign below, then return to ICSB- WI at the following address: International Canine Semen Bank-Wisconsin, N11591 Columbia Dr., Lomira WI 53048.

This document, when completed, signed and dated, transfers the ownership of the frozen canine semen described below to the new

owner(s) designated below.

(Name of present owner/co-owners of frozen semen)

This frozen canine semen is from:

_____, DNA Identification No. _____
(Registered Name of Dog)

_____, _____
(Breed) (Registry and Number)

Date of Collection: _____ Number of vials _____

Date of Collection: _____ Number of vials _____

Date of Collection: _____ Number of vials _____ OR

ALL SEMEN FROM THE ABOVE DOG _____
(SIGNATURES HERE IF ALL FROZEN 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

_____ () _____
Address of new owner Telephone

Note: International Canine Semen Bank-Wisconsin (ICSB-WI) agrees to store canine semen from the above dog as long as the client maintains current payment on the account. Payment is due at the time of collection. Late payment is subject to 1 1/2% (18%) interest and a \$5.00 late fee/month. If the account becomes delinquent after 90 days, it will be placed in inactive status. A charge for reactivation will be made. After 180 days (6 months) of non-payment, the frozen semen is subject to disposal and the account submitted to a collection agency. Accounts must be current in order for frozen semen to be released.

By my signature below, I agree to the conditions set forth above and acknowledge that, The International Canine Semen Bank-Wisconsin, Veterinary Village, L.L.C. and Dr. Marthina L. Greer are not providing insurance against the loss of my stored semen in an amount that equals the value of my stud service fee for the number of semen breeding doses that are at any time in storage at the ICSB-WI facility. I further understand and agree that if I do not purchase such coverage, I am self insuring against the loss of any and all of my dog's semen that is stored at ICSB-WI.

TO BE COMPLETED BY NEW OWNER:

 (Date) _____ (Printed name of NEW owner or co-owner)
 Telephone (____) _____ (Home) _____
 _____ (Signature)
 Telephone (____) _____ (Office) _____
 _____ (Address)
 Social Security Number _____
 _____ (Address) _____ (Zip)
 E Mail: _____
 Method of Payment (Please Circle): VISA MasterCard Check Cash
 Credit Card Number: _____ Expiration date _____
 Name on Credit Card _____

TO BE COMPLETED BY PRESENT OWNER

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 frozen 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 listed above as new owners.

 (Date) _____ (Signature of present semen owner and co-owners)

 (Witness signature) _____ (Printed Names of Semen owner and co-owners)

 (Addresses of present semen owner and co-owners)

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