



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 the present owner/co-owners of the frozen semen)

This frozen canine semen is from:

(Registered Name of Dog)

(DNA Identification No.)

(Breed)

(Registry and Number)

Date of Collection: _____ Number of Vials: _____

Date of Collection: _____ Number of Vials: _____

Date of Collection: _____ Number of Vials: _____

ALL SEMEN FROM THE ABOVE DOG _____

(Signature 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 the New Owner)

(_____) _____
(Telephone Cell)

Note: International Canine Semen Bank-Wisconsin (ICSB-WI) agrees to store canine semen from the above dog if the client maintains current payment on the account. Payment is due at the time of collection. Late payment is subject to 1 ½% (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 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) (Signature)

(____) _____ (____) _____ _____
(Telephone Cell) (Telephone Home) (Email)

(Address) (City) (State) (Zip)

Social Security Number _____

Method of Payment VISA MasterCard Discover Amex Check Cash

Credit Card Number: _____ Expiration Date: _____ CVV _____

Name on Credit Card: _____

Transfer Upon Owner's Death. In the event of the Owner's death or permanent incapacity, the Semen shall be:

Destroyed

Transferred to: _____ (Name) _____ (Phone) _____ (Address)

Donated to: _____ (Breed Club Organization)

Donated to ICSB-WI/IL.

Transferring semen to a person or organization that are stewards of your breed will assist in keeping your legacy alive and allow for improved genetics in the breed you have worked hard to promote.

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 the new owners.

(Date)

(Printed name of PRESENT Owner)

(Witness Signature)

(Signature of PRESENT Semen Owner)

(Address of Present Semen Owner)