INTERNATIONAL CANINE SEMEN BANK - ANAHEIM Yorba Regional Animal Hospital 8290 East Crystal Drive

Anaheim, California 92807

Telephone: (714) 921-8700 • E-mail: wynline@aol.com

(Addresses of present semen owner and coowners)

TRANSFER OF OWNERSHIP OF FROZEN CANINE SEMEN

This document, when completed, signed and dated, transfers the ownership of the frozen canine semen described below to the new owner(s) designated below. Please send this completed form to ICSB-ANAHEIM at the address above. NOTE: This original signed form must be submitted. FAX copy is not binding.

I,	and all coowners of frozen semen)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in blook or warenin and intel	rest in the following frozen sem 7. This frozen canine semen is fr	en, its use, and om :	
(Registered name of dog)		(Registry and Number)		
(Breed)			to I b class	
The following semen f	rom the above dog is to be tr	ansferred to the new owner(s) lis	stea below.	
Date of Collection:	Number of vials			
Date of Collection:	Number of vials			
Date of Collection:	Number of vials	OR,		
ALL SEMEN FROM T	HE ABOVE DOG(SIGNATURES HE	RE IF ALL FROZEN SEMEN IS TO BE	TRANSFERRED)	
We do transfer all own	ership and interest in the fro	zen canine semen specified abov	re to:	
		Telephone ()		
(Printed name of new owner				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
I/we, being the sole owner ownership and liability in the	er(s) of the frozen canine semen fr	om the above designated dog, realize ltant use, offspring produced from it, an ong to the person(s) listed above as new o	that all interest, d/or its transfer to	
(Date)	(Signatures of Present Semen	Owner and Coowners)		
(Witness signature)	(Printed Names of Semen Ow	ner and Coowners)		
(Addresses of present semen owner and coowners)		Zip/Posta	Zip/Postal Code	
(Address of manufacture)	n owner and coowners)	Zip/PostalCode	TOICSBANA-3/06	