ICSB-ALBERTA 6710-101 AVENUE EDMONTON, ALBERTA CANADA T6A 0H7

TRANSFER OF OWNERSHIP OF FROZEN CANINE SEMEN

Telephone: (780) 466-5655

FAX: (780) 466-5688

· -	leted, signed and dated, transfers the ownership of the frozen ow to the new owner(s) designated below.
(Name of present owner, co	powners of frozen semen)
•	s of ownership and interest in the following frozen semen, its use,
and resultant offspring to th	ne new owner(s) listed below. This frozen canine semen is from:
(D. 1	,
(Registered name of dog)	(Registry)
(Registration number) (R	reed)
The following semen from the	he 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:
Date of Collection:	Number of vials:
ALL SEMEN FROM THE	ABOVE DOG:
	(SIGNATURE HERE IF YOU WISH TO TRANSFER ALL OF THE FROZEN SEMEN ON THE DOG)
I/we do transfer all ownersh the above designated dog to:	ip and interest in the frozen canine semen specified above from
	Talankana
(Printed name of new owner)	
(Address of new owner)	(Zip code)

(Signature of Present Semen Owner)

(Printed Name of Semen Owner)

(Address of present semen owner) (Zip code)

Name (s) of Frozen Semen Coowner (s)

(Date)

(Witness signature)