Owner's Transfer of Possession of Stored Frozen Canine Semen

Date:_____

I own frozen canine semen collected from the dog(s) identified below that is currently stored at the frozen canine semen facility located at **685 Knox Bridge Trl, Canton, GA 30114**.

Registered Name	Registry Number	Breed

***Additional dogs can be listed on page 2*

I hereby authorize and direct that ALL frozen canine semen collected from the dog(s) identified above, and stored at the frozen canine semen storage facility referenced above, shall be immediately delivered to the frozen canine semen storage facility identified below for future storage until further notice by me. I understand there are fees involved with shipping frozen semen.

_____
Name of Facility

_____
Address

_____
Phone

Semen Owner_____

Address_____

Phone_____Email_____

_____
Signature of Semen Owner **Date**

**Continued from list on front of form*

Registered Name	Registry Number	Breed

**Additional signature required to transfer dogs listed on back of form*

I hereby authorize and direct that ALL frozen canine semen collected from the dog(s) identified on both pages of this form, and stored at the frozen canine semen storage facility referenced on page 1, shall be immediately delivered to the frozen canine semen storage facility identified on page 1 for future storage until further notice by me:

Signature of Semen Owner **Date**