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## TRANSFER OF FROZEN SEMEN OWNERSHIP

**Transfer Fee \$45.00**

This letter is to authorize the transfer of frozen semen ownership. The frozen semen is currently being stored at Infinity Canine of Sanford Animal Hospital. This letter also authorizes AKC to accept the signature of the new owner in any matter of the below listed frozen semen.

The previous owner understands that by signing below, he/she is giving up all rights to the frozen semen, including all future debts. And rights of usage of the frozen semen.

The newly named owner understands that by signing below, he/she will accept all responsibilities for the frozen semen including all future debts incurred through storage and usage of the frozen semen.

### SEMEN INFORMATION:

REGISTERED NAME OF DOG: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_

SEMEN  STRAW  VIAL ID: \_\_\_\_\_

Total number of  Straws  Vials \_\_\_\_\_ with \_\_\_\_\_  straws  vials in each breeding unit

Therefore, \_\_\_\_\_ breeding units are to be transferred to the new owner.

### PREVIOUS OWNER(S)

By signing below, I agree to give up all rights to the debts and usage of the above listed frozen semen

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### NEW OWNER:

By signing below, I agree to take responsibility for any debts, including storage fees, and usage of the above named frozen semen.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_