

## FROZEN SEMEN TRANSFER OF OWNERSHIP

Semen Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Semen Co-Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Registered Name of the Dog: \_\_\_\_\_  
Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Registered #: \_\_\_\_\_ DNA Number : \_\_\_\_\_  
Microchip # \_\_\_\_\_ Tattoo # \_\_\_\_\_  
Number of Units to be Transferred: \_\_\_\_\_

**I/We request the transfer of the canine semen for the identified dog listed above which is stored at Inver Grove Heights Animal Hospital, to the new owner listed below.**

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

**Co-Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NEW** Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**NEW** Semen Co-Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

New Owner is required to complete and sign a new semen storage contract if electing to store at Inver Grove Heights Animal Hospital. Semen storage fees and any administrative fees are the responsibility of the new owner starting on the date of the transfer request.



INVER GROVE HEIGHTS ANIMAL HOSPITAL  
7131 CAHILL AVENUE  
INVER GROVE HEIGHTS, MN 55076  
PHONE: 651-451-4404  
FAX: 651-451-4879  
ighvet.com