

Straws to Paws LLC

32 Pleasant Valley Road, Suite B
Washington, NJ 07882
908-689-0800
Email: office@strawstopaws.com



Canine Semen Freezing and Storage Services

Transfer of Ownership of Frozen Canine Semen

This form, when completed, signed & dated, transfers the ownership of the frozen canine semen listed below.

I / We, the undersigned, transfer all rights of ownership of the following frozen canine semen, including its use, storage and resultant offspring, to the party listed below as of the date below.

Dog's Registered Name: _____
Dog's Call Name: _____
Registration Agency & Number: _____
Breed: _____

Date of Collection	Straw or Vial Label ID Number	Number of Straws/Vials	Number of Inseminations
	Total #		

The ownership of above specified canine semen is being transferred to:

Name of New Owner: _____
Address: _____
City / State / Zip: _____
Primary Telephone: _____
E-Mail: _____
For insemination of
Specific Bitch: _____
(Specify name of bitch or write "unspecified".)

Ship the above specified canine semen to:

Name of Veterinarian: _____
Name of Vet Clinic: _____
Address: _____
City / State / Zip: _____
Primary Telephone: _____

DATE SEMEN MUST ARRIVE

Signature _____ Date _____
Print Name of Transferring Owner _____