



International Canine Semen Bank - Colorado (ICSB-CO)
 Brighton Animal Clinic
 180 E. Bromley Lane
 Brighton, CO 80601
 Ph. 303-659-2472 Fax 303-637-7697
 www.coloradoicsb.com

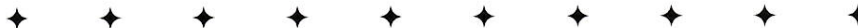
TRANSFER SEMEN OWNERSHIP/TRANSFER STORAGE FACILITY

Please complete and return this form to transfer ownership of some or all of your frozen semen or to transfer some or all of your frozen semen to another storage facility. This form is not to be used if you are releasing semen to another individual. Semen ownership and/or storage facility will be transferred 7 to 10 days after receipt of this completed form. Ownership transfers and shipments required to be processed in less than 7 days will incur a stat fee not to exceed \$100.00. This form must be fully completed in order to not delay the transfer. If semen is being transferred to another storage location, we need to know if the semen is to be sent in individual doses or in bulk vials. We need a credit card in order to ship semen to another location. In addition, if your account is not current, the transfer will not take place until it is current.



TRANSFER FEES

- ◆ Semen Prep Fee, Individual Doses \$ 25.00 per individual dose (minimum charge of \$75.00)
- ◆ Semen Prep Fee, Bulk Vials \$ 75.00
- ◆ File Set Up Fee \$ 55.00
- ◆ Dry Shipper Rental *Applicable if new owner is storing semen with us* \$ 75.00 for up to 7 days
Applicable if transferring storage facility/Additional days are \$ 10.00 per day
- ◆ Estimated Shipping Charges \$ 225.00 to \$ 300.00
Estimated shipping charges are for round trip on the Dry Shipper
Shipping charges will be charged out by ICSB-CO
- ◆ Stat Prep Fee \$ 100.00 for less than 7 days notice of transfer



SEMEN OWNER INFORMATION

Name _____ Phone _____
 Address _____
 City _____ State _____ Country _____ Zip/Postal Code _____



STUD DOG/SEMEN INFORMATION

Registered Name _____ Call Name _____
 Registry and Number _____ Breed _____



_____ Transfer ALL frozen semen currently stored this dog to the new owner and/or storage facility indicated below.

OR

Transfer ONLY the semen listed below from this dog to the new owner and/or storage facility indicated below.

Date of Collection	Number of Vials from this collection to transfer

NEW OWNER INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

IS THE NEW OWNER STORING THE SEMEN WITH ICSB-CO? YES _____ NO _____

If **YES**, go to Authorization/Payment section below

OR

If **NO**, please complete the New Storage Facility Information

NEW STORAGE FACILITY INFORMATION

Facility Name _____ Phone _____

Shipping Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

THE SEMEN SHOULD BE SHIPPED IN: INDIVIDUAL DOSES _____ BULK VIALS _____

AUTHORIZATION

Signature of Semen Owner

Date

Signature of Semen Owner

Date

PAYMENT INFORMATION

Please charge any associated fees to the following credit card:

Visa / Mastercard / Discover _____ Account Number _____ Exp Date _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Country _____ Zip/Postal Code _____