

Canine Genetic Reserve  
1530 Riverside Avenue  
Fort Collins, CO 80524  
Phone: (970) 493-3333  
Fax: (970) 325-3545  
cgr@advancedanimalcareofcolorado.com

### FROZEN SEMEN TRANSFER OF OWNERSHIP

Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_

Registration Body & Number \_\_\_\_\_

DNA Profile # \_\_\_\_\_

Number of units transferred \_\_\_\_\_

Date of transfer \_\_\_\_\_

New Owner	New Owner
Address	Address
Phone	Phone
Email	Email
Signature	Signature

**NOTE: This form must be accompanied by a transfer fee of \$50.00 to Canine Genetic Reserve**

Old Owner \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_