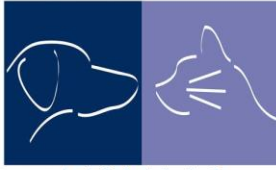


CLIFTWOOD



ANIMAL  
HOSPITAL

**CLIFTWOOD ANIMAL HOSPITAL**

**TRANSFER SEMEN OWNERSHIP/TRANSFER STORAGE FACILITY**

Please complete this form if you want to transfer ownership of some or all of your frozen semen. Also, please complete this form if you want to transfer some or all of your frozen semen to another storage facility. Semen ownership and/or storage facility transfers usually take 7 to 14 business days from the receipt of this form. If you need the transfer in less than 7 days, a rush fee will be added.

**Note: All fees are subject to change without notice.**

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> File Closure and/or AKC Reporting Fee                            | \$25.00                   |
| <input type="checkbox"/> Semen Prep Fee for Individual Breeding Unit                      | \$15.00 per breeding unit |
| <input type="checkbox"/> Semen Prep Fee for ALL Stored Straws/Vials                       | \$50.00                   |
| <input type="checkbox"/> File Set Up Fee (For New Owners Only)                            | \$30.00                   |
| <input type="checkbox"/> Dry Shipper Rental   | \$70.00 for up to 7 days  |
| <input type="checkbox"/> Shipper Charging and Prep Fee                                    | \$75.00                   |
| <input type="checkbox"/> Rush Fee to prep Semen for Transfer<br>(Less than 7 days Notice) | \$125.00                  |

Shipping fees will be charged by FedEx directly to your credit card, or FedEx account.

**SEMEN OWNER INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Signature of Owner of Frozen Semen: \_\_\_\_\_ Date: \_\_\_\_\_

**STUD DOG/SEMEN INFORMATION**

Registered Name: \_\_\_\_\_ Call Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

**SEMEN INFORMATION**

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

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

Please list the Collection Date(s) and number of straws/vials to transfer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW OWNER INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IS THE NEW OWNER STORING THE SEMEN WITH CLIFTWOOD ANIMAL HOSPITAL?**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

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

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

**NEW STORAGE FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Semen Owner: \_\_\_\_\_

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

**PAYMENT INFORMATION**

Please charge fees to the following credit card:

We accept Visa, Mastercard, American Express, and Discover.

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_