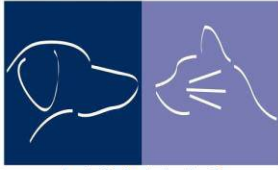


CLIFTWOOD



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
(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: _____