



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 form. Ownership transfers and shipments required to process in less than 7 days will incur a stat fee not to exceed \$125.00. This form must be fully completed in order to not delay the transfer. If the semen is being transferred to another storage location, we need to know if the semen is to be sent in individual breedings or in bulk. We need a credit card and/or FedEx account number 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 made current.

Transfer Fees

- * File Closure and/or AKC reporting fee \$25.00
- * Semen Prep Fee, Individual Breedings \$15.00 per breeding
- * Semen Prep Fee, ALL stored straws/vials \$50.00 per 5 collections
- * File Set Up Fee (new owners only) \$30.00
- * Dry Shipper Rental \$50.00 up to 7 days
- * Shipper Charge/Prep Fee \$70.00
- * Estimated Shipping Charges \$180.00-\$250.00
(Estimated shipping charges are for round trip on the Dry Shipper) (Shipping charges are charged directly by FedEx to your credit card or FedEx account)
- * Stat Prep Fee up to \$125.00 for less than 7 days notice

SEMEN OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Centre Court Veterinary Clinic/Canine Reproductive Services
6080 Sandy Springs Circle
Atlanta, Georgia 30328
404-252-9200

STUD DOG/SEMEN INFORMATION

Registered Name: _____ Call Name _____

Registry and Number _____ Breed _____

_____ Transfer ALL frozen semen currently stored for 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	#straws/vials to transfer

NEW OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

<p>IS THE NEW OWNER STORING THE SEMEN WITH CENTRE COURT VETERINARY CLINIC?</p> <p>_____ YES _____ NO</p>

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 _____

AUTHORIZATION/PAYMENT INFORMATION

Signature of Semen Owner

Date

Please charge my fees to the following credit card:

Visa /Mastercard /American Express

credit card number

exp date

Name on Credit Card

Billing Address

City

State

Zipcode