

ANIMAL HOSPITAL OF FT LAUDERDALE

1630 East Oakland Park Blvd

Ft. Lauderdale, FL 33334

Ph: (954) 561-8777 Fax: (954) 561-0944

TRANSFER OF OWNERSHIP

Registered name of dog _____

Registration number of dog _____

Breed of dog _____

How many BU's (Breeding Units) transferred _____

Date of Transfer _____

New Owner:

Name _____

Address _____

Phone _____

Original Owner:

Name _____

Address _____

Phone _____

I hereby transfer ownership of _____ frozen semen breeding units collected from the dog described above, to the new listed owner.

Original Owner authorized signature