

Animal Hospital of Woodstock  
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**FORM #4**

**FROZEN SEMEN TRANSFER OF OWNERSHIP-AKC NOTIFICATION**

Dog's registered name (without titles): \_\_\_\_\_

Dog's call name: \_\_\_\_\_

Registration club and #: \_\_\_\_\_

DNA profile #: \_\_\_\_\_

Breed: \_\_\_\_\_

Number of breeding units transferred: \_\_\_\_\_ Date of transfer: \_\_\_\_\_

**NEW OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

New owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORMER OWNER:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell: \_\_\_\_\_

I consent to the transfer of semen from the dog and information listed above to the new owner as stated.

Former owner signature \_\_\_\_\_ Date \_\_\_\_\_