



## APPLICATION TO TRANSFER FROZEN SEMEN

This form is to be used if the original owner of the frozen semen, is transferring any part of the frozen semen to another party. Completed form to be sent to [admin@lykoswolfdogs.com](mailto:admin@lykoswolfdogs.com)

I/We make an application to transfer frozen semen on my/our behalf with the Lykos Wolfalike Council of Australia Inc and list below details pertaining to this transfer.

### DETAILS OF REGISTERED DONOR DOG

Registered Name ..... Reg No .....

No of Straw/s Breeding Units .....

### DETAILS OF FROZEN SEMEN OWNER (CURRENT)

Full Name .....

Residential Address .....

Breeder No ..... Ph: .....

### DETAILS OF PERSON/S FROZEN SEMEN TO BE TRANSFERRED TO

Full Name: .....

Residential Address: .....

Breeder No: ..... Ph: .....

Effective Date of Transfer .....

Signature of Current Frozen Semen Owner

Signature of Transferee