



# ELITE KENNEL

— FERTILITY —

## FRESH AND CHILLED ARTIFICIAL INSEMINATION BOOKING FORM

**A** Customer Trading Name and Address.....  
 .....  
 Country ..... Post Code .....  
 Tel. No. .... Mobile .....  
 Email ..... Website .....

**B** Dog KC Name..... Breed.....  
 Kennel Club Registered Yes No Microchip No.....  
 Date of Birth ..... Colour.....  
 Country of Birth..... Discipline/Use.....

**C**

- I have arranged suitable insurance for the dog whilst at the artificial insemination facility   
 OR
- I do not require insurance cover for the artificial insemination   
 (Please tick appropriate)

- I confirm that I am the owner/authorised agent of the Dog\*and/or the Semen\* (\*Delete as appropriate). If you are an agent for the owner we will require confirmation of your authority.
- I give consent for Elite Kennel Fertility to artificially inseminate the dog stated above.
- I agree to pay all amounts owing to Elite Kennel Fertility Ltd prior to removal of the Dog and/or the semen samples and I understand that Elite Kennel Fertility Ltd is entitled to retain possession of my property until I have paid all amounts owing.
- I agree that any photographs or videos taken whilst a service is being provided Elite Kennel Fertility can use those taken for promotional purposes. We ensure GDPR guidelines are adhered to when using said content.
- **I understand and accept that unless specifically agreed by Elite Kennel Fertility Ltd in writing, it is not responsible for obtaining insurance on my behalf in respect of either the Canine or the Semen.**
- I confirm that the details on this booking form are correct in sections **A, B, and C** and that I have read and understood the attached terms and conditions of business and agree to be legally bound by them

SIGNED ..... NAME ..... DATE .....  
 Owner/Agent BLOCK CAPITALS

www.elitekennelfertility.com

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— [www.elitekennelfertility.com](http://www.elitekennelfertility.com) —

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