



ELITE KENNEL

— FERTILITY —

POST CASTRATION EPIDIDYMAL SEMEN EXTRACTION BOOKING

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 **Castration Details**
 Date of castration..... Reason for Castration.....

- 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 understand that prior to dispatch, a sample of each ejaculate if frozen by Elite Kennel Fertility Ltd, will be thawed and examined under a microscope for motility and morphology and that, whilst this is a good guide as to the quality of the semen, Elite Kennel Fertility Ltd cannot give any guarantees as to fertility since other factors may affect this.
- 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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