

CANINE SEMEN COLLECTION BOOKING FORM

A Name:..... Phone Number:.....
Address:..... Post Code:.....
Email:..... Vets Practice Name:.....
Vets Practice Tel:..... Vets Practice Email:.....

Veterinary Practice information may be used to retrieve or send medical history of the animal named below

B Dog KC Name:..... Breed:.....
Dog Pet Name:..... Microchip No:.....
Date of Birth:..... Colour:.....
Country of Birth:..... Discipline/Use:.....

I confirm that the dog named is not exempt to services as per the Elite Kennel Fertility ethical breeding policy ☐ [View the Policy HERE](#)

C Semen Collection

Date of first Collection:..... Weight:.....
Export Required Yes ☐ | No ☐ Export Country:.....

D ☐ I have arranged suitable insurance cover for the dog whilst at the semen collection centre and for the storage and distribution service and semen storage whilst at the semen collection centre ☐
OR
☐ I do not require insurance cover ☐ (Please cross as appropriate)

E ☐ 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/use 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, C, D and E and that I have read and understood the attached terms and conditions of business and agree to be legally bound by them.
☐ I understand that in line with the attached terms and conditions, Elite Kennel Fertility Limited do does not guarantee or warrant that a particular outcome will occur as a result of our provision of Services.

SIGNED NAME DATE
Owner/Agent BLOCK CAPITALS

www.elitekennelfertility.com

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Elite Kennel Fertility



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Sort Code: 60-40-08 | Account Number: 42055253 | Please use invoice number as reference to payments