



**ELITE KENNEL**  
— FERTILITY —  
Veterinary Practice

## PREGNANCY SCAN 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 .....

Kennel Club Registered Yes  No  Microchip No.....

Date of Birth ..... Colour .....

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

### Mating information

**C** Date of first Mating.....

Date of Second Mating.....

Weight:

**D**  I have arranged suitable insurance cover for the dog whilst at the Pregnancy scan   
OR  
 I do not require insurance cover  (please tick as appropriate)

**E**

- I confirm that I am the owner/authorised agent of the Dog. If you are an agent for the owner, we will require confirmation of your authority.
- I have been fully informed of the process including the fact hair will have to be clipped from the abdomen and this done purely to visualize the abdomen. Elite Kennel Fertility are not grooming professionals.
- I understand that the scan performed is not, under any circumstance, diagnosis of pregnancy but a conformation of pregnancy (performed after a diagnosis has been given by qualified persons) and no Litter sizes can be definite and will not be provided at the time of scanning.
- I agree to pay all amounts owing to Elite Kennel Fertility Ltd prior to removal of the Dog 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.

SIGNED ..... NAME ..... DATE .....

Owner/Agent BLOCK CAPITALS

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

Elite Kennel Fertility, Chapel Field Stud, Ash Lane, Whitchurch, Shropshire, SY13 4BP, UK

✉ office@elitekennelfertility.com | ☎ 01948 668059 | 📍 Elite Kennel Fertility | 📷 Elite Kennel Fertility