

PROGESTERONE TEST 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 Bitch KC Name:..... Breed:.....
Bitch Pet Name:..... Microchip No:.....
Date of Birth:..... Colour:..... Weight:.....
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 Cytology Test Yes ☐ | No ☐

D ☐ I have arranged suitable insurance for the dog whilst at the Progesterone testing/Blood Taking facility ☐
OR
☐ I do not require insurance cover for the Blood Taking/Progesterone test ☐ (Please cross as appropriate)

E ☐ I confirm that I am the owner/authorised agent and give permission to take a blood sample from the dog named above and run a progesterone test.
☐ I give consent for Elite Kennel Fertility to clip hair from the blood sampling site of the dog stated above.
☐ 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 that it may not be possible to determine a breeding schedule based on a single progesterone/cytology result and often multiple repeat tests may be necessary.
☐ **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 Stud Dog, Bitch 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

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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