NOMINATION BOOKING FORM 2018



·	ick where appropriate)	L-11-	
Owner details	Inseminating vet det	:alls	
Name Address	Practice name		
Address			
	Address		
Postcode	Postcode		
Telephone	Telephone		
Mobile	Mobile		
Email	Email		
Mare details	Mare pedigree	(required for covering certificate)	
Registered Name	Sire	Grandsire	
Stable Name			
Breed		Granddam	
Colour			
Height	Dam	Grandsire	
Year of foaling			
Stud book no		Granddam	
Unique Life no			
Breeding history of mare	IMPORTANT NOTE		
Year Live foal/		rozen semen will include a certificate of icate of Pregnancy Diagnosis.	
Covered Barren/Abort Stallion	as soon as possible. We w	These certificates MUST be completed by your Vet and returned as soon as possible. We will not be able to send further consignments of semen until the certificates have been received	
	by us. Covering certificates will also not be issued until these		
	certificates have been rec		
		Civea.	
PLEASE COMPLETE AND SIGN THE DECLARATION			
Date of last CEM swab / Date of last EVA test /	/ /		
Has the mare previously had: (Delete as appropriate)			
(a) Uterine infections	YES / NO		
(b) Her vulva stitched (Caslick operation)	YES / NO		
(c) Retained placenta	YES / NO		
(d) Genital tract damage from earlier foalings	YES / NO		
(e) Treatment for infertility	YES / NO		
If YES to any of these questions, please attach details			
What date do you expect to inseminate the mare?			
I accept the Terms and Conditions and agree to pay all charges relating to this agree	ement. All stud fees, collection an	nd transport costs	
are payable prior to shipment of transported semen. I understand that if my mare i	is certified not in-foal on October 1	•	
return offered to me next season. I confirm that I have read and agree to be bour		·	
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