NOMINATION BOOKING FORM



I,agree to take	e a Nomination to PART	Γ Y TRICK at £900 (NFFR, 1 Oct)	
Chilled Semen Al	k where appropriate)		
Owner details	Inseminating vet details		
Name	Name of Vet		
Address	Practice name	Practice name	
	Address		
Postcode	Postcode		
Telephone	Telephone		
Mobile	Mobile	Mobile	
Email	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			
	L		
Breeding history of mare	IMPORTANT NOTE		
	Consignment of chilled/fro	ozen semen will include a certificate of	
Year Live foal/		cate of Pregnancy Diagnosis.	
Covered Barren/Abort Stallion	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		
		es will also not be issued until these	
	certificates have been received.		
	-		
PLEASE COMPLETE AND SIGN THE DECLARATION			
Date of last CEM swab / Date of last EVA test /	/		
Heather are assistable had (Delete as appropriate)			
Has the mare previously had: (Delete as appropriate) (a) Uterine infections	YES / NO		
(a) Oterine infections (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 agreer	ment. All stud fees, collection and	d transport costs	
are payable prior to shipment of transported semen. Lunderstand that if my mare is		13.	
return offered to me next season. I confirm that I have read and agree to be bound		Est, I vim nave a nee	