

Kington Langley Stud

NOMINATION FORM 2009

I, _____ agree to take a Nomination to _____

at £ _____ VAT (75% of the stud fee will be refunded if mare is certified not in foal at October 1st)

PLEASE SELECT FROM THE FOLLOWING SERVICES AND TICK THE APPROPRIATE BOXES:

Mare Visiting Stud Foaling Down Willesley Vets Package
 Foal due date ____ / ____ / ____

Natural Covering/ Fresh AI Chilled Semen Frozen Semen Transported Semen

YOUR DETAILS

Name
Address
Postcode
Telephone
Mobile
Fax
Email

YOUR VET'S DETAILS

Name of Vet
Practice Name
Address
Postcode
Telephone
Mobile
Fax
Email

YOUR MARE'S DETAILS

Registered Name
Stable Name
Breed
Colour
Height
Age
Stud Book Reg No
Unique Life No

PEDIGREE

SIRE	GRANDSIRE
	GRANDDAM
DAM	GRANDSIRE
	GRANDDAM

Continued overleaf

PLEASE COMPLETE THE APPROPRIATE BOX AND SIGN THE DECLARATION:

FOR MARES COMING TO STUD

Date of last CEM swab ____/____/____ (please provide certificate – see Terms & Conditions)

Date of last EVA test ____/____/____ (please provide certificate – see Terms & Conditions)

Vaccinations: Tetanus ____/____/____ Influenza ____/____/____
Other (please specify) _____

Has the mare previously had: (Delete as appropriate)

- | | | | |
|--|----------|--|----------|
| (a) Uterine infections | YES / NO | (d) Genital tract damage from earlier foalings | YES / NO |
| (b) Her vulva stitched (Caslick operation) | YES / NO | (e) Treatment for infertility | YES / NO |
| (c) Retained placenta | YES / NO | (f) Haemolytic foal | YES / NO |

If YES to any of these questions, please attach details

When do you expect to send the mare to us? _____

Foal at foot? YES / NO

Is the mare/foal covered by a comprehensive Insurance Policy? YES / NO

If so, is the mare covered for Foaling Risks? YES / NO

So that appropriate veterinary treatments can be administered when necessary, please indicate which declaration has been signed in the Passport:

Intended / Not Intended for slaughter for human consumption
(Delete as appropriate)

I accept that whilst at stud my mare (and foal) will receive every possible care and attention and confirm that I am prepared to accept all charges for such care. I accept that no responsibility can be accepted by Kington Langley Stud for any accident or disease. Furthermore, I agree that all fees due will be paid on collection of the mare from the Stud. I understand that if my mare is certified not in-foal on October 1st, 75% of the stud fee will be refunded unless some other arrangement has been agreed in writing. I confirm that I have read and agree to be bound by the Kington Langley Stud Terms & Conditions.

We should be made aware of any other information and of any special requirement that you feel is relevant.

Signature _____ Date _____

FOR TRANSPORTED SEMEN (FOR MARES NOT COMING TO STUD)

Date of last CEM swab ____/____/____ Date of last EVA test ____/____/____

Has the mare previously had: (Delete as appropriate)

- | | | | |
|--|----------|--|----------|
| (a) Uterine infections | YES / NO | (d) Genital tract damage from earlier foalings | YES / NO |
| (b) Her vulva stitched (Caslick operation) | YES / NO | (e) Treatment for infertility | YES / NO |
| (c) Retained placenta | YES / NO | | |

If YES to any of these questions, please attach details

When do you expect to inseminate the mare? _____

I accept the Terms and Conditions and agree to pay all charges relating to this Agreement. All stud fees, collection and transport costs are payable prior to shipment of transported semen. I understand that if my mare is certified not in-foal on October 1st, 75% of the stud fee will be refunded to me unless some other arrangement has been agreed in writing. I confirm that I have read and agree to be bound by the Kington Langley Stud Terms & Conditions.

We should be made aware of any other information and of any special requirement that you feel is relevant.

Signature _____ Date _____

Kington Langley Stud (ET&R Limited)

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