



# Genus ABS Beef Cornerstone Breeding Club

## Membership Joining Agreement



For further information, please contact Sarah-Jane Barton on 01270 616631 or email Sarah-jane.barton@Genusplc.com

### CUSTOMER DETAILS

Name (please state clearly): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Genus ABS account no: \_\_\_\_\_

Email address:

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AI service type: Technician  DIY  RMS

Name of Genus ABS Technician: \_\_\_\_\_

Milk recording organisation name (eg NMR/CIS): \_\_\_\_\_

Milking Recording Herd ref no: \_\_\_\_\_

Would you consider filling out calving surveys online? Yes  No

### BREEDING GOALS:

Breed(s) required: British Blue  Aberdeen Angus

Other breeds considered: \_\_\_\_\_

### HERD DETAILS

Total herd size: \_\_\_\_\_

No of cows: \_\_\_\_\_

No of heifers: \_\_\_\_\_

Estimated quantity of young sire semen required per year: \_\_\_\_\_

When will the semen be required? (Please also state the number of units):

APR	MAY	JUN	JUL
AUG	SEPT	OCT	NOV
DEC	JAN	FEB	MAR

### CUSTOMER DECLARATION:

#### I AGREE TO:

1. Use no less than 40 straws of test beef semen a year
2. Use semen within 2 months of issue
3. Record and return inseminations
4. Complete Calving Survey forms within 30 days of cow calving
5. Allow Genus ABS to access my milk records

Customer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Genus ABS Rep name: \_\_\_\_\_

Genus ABS representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Genus ABS representative PIN no: \_\_\_\_\_

### INTERNAL USE ONLY:

Enrolled date: \_\_\_\_\_

CS reference: \_\_\_\_\_

\*\* If at any point Genus ABS does not have test semen available to send to you, we reserve the right to suspend the allocation process until more product becomes available.