

BREEDING SOUNDNESS EVALUATION



| | |
|-----------------------|-----------------------------|
| Applicant/Owner _____ | Animal Name _____ |
| Mailing Address _____ | Identification Number _____ |
| City, ST Zip _____ | Breed _____ |
| Phone _____ | Use _____ |
| Fax _____ | Age / Date of Birth _____ |
| E-mail Address _____ | |

History: Previous Breeding Soundness Evaluation _____ Date: _____ Classification: _____
 Comments: _____

1. Physical Condition

Body condition rating: Thin Moderate Good Obese

Body condition score: 1 2 3 4 5

The following were examined and found to be within normal limits:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Eyes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feet / Legs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessory Sex Glands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inguinal Rings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Penis / Prepuce | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scrotum (shape)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scrotal Circumference _____ cm. | | |
| Testicles / Spermatic Cord | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epididymides..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No, to any of the above, please provide details. _____

2. Semen Quality

| | |
|---|--|
| Collection Method: <input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage | Response: <input type="checkbox"/> Protrusion <input type="checkbox"/> Erection <input type="checkbox"/> Ejaculation |
|---|--|

| | Ejaculate 1 | Ejaculate 2 |
|-------------------------|-------------|-------------|
| Gross Motility | _____ | _____ |
| Individual Motility (%) | _____ | _____ |
| Volume | _____ | _____ |
| Density | _____ | _____ |
| Percent Staining Alive | _____ | _____ |

3. Morphology (%) Sperm Abnormalities

| | | |
|------------------|------------------------------|-------------------------|
| _____ % Abnormal | _____ Head | _____ Proximal Droplets |
| | _____ Midpiece | _____ Knobbed Acrosome |
| _____ % Normal | _____ Principal Piece (main) | _____ Other |
| | _____ Detached Heads | |

4. Sex Drive and Mating Ability

Unknown _____ Previous Observation(s) _____
 Comments: This animal has been examined for physical soundness and quality of semen only.
 Unless otherwise noted below, no diagnostic tests were undertaken for libido, mating ability or infectious disease status of this animal. _____

5. Classification

To the best of my knowledge, the results of this evaluation indicate that the breeding capacity of this animal is:
 Satisfactory Unsatisfactory Questionable Decision Deferred

Comments: _____

If also requesting Accident Sickness and Disease Coverage, complete and attach Stallion Infertility (LS 16 28).

Veterinarian's Signature _____ Date _____ Clinic Stamp / Address: _____ Telephone Number: _____