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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 ..... ☐Yes ☐No
Feet / Legs ..... ☐Yes ☐No
Accessory Sex Glands ..... ☐Yes ☐No
Inguinal Rings ..... ☐Yes ☐No
Penis / Prepuce ..... ☐Yes ☐No
Scrotum (shape) ..... ☐Yes ☐No
Scrotal Circumference _____ cm.
Testicles / Spermatic Cord ..... ☐Yes ☐No
Epidiymides ..... ☐Yes ☐No

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

2. Semen Quality

Collection Method: ☐ EE ☐ AV ☐ Massage | Response: ☐ Protrusion ☐ Erection ☐ Ejaculation

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

3. Morphology (%) Sperm Abnormalities

_____ % Abnormal
_____ % Normal

_____ Head
_____ Midpiece
_____ Principal Piece (main)
_____ Detached Heads

_____ Proximal Droplets
_____ Knobbed Acrosome
_____ Other

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 _____ Clinic Stamp / Address: _____
Date _____ Telephone Number: _____

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