

# 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
- Epididymides.....  Yes  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
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	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: \_\_\_\_\_