



## Stallion Breeding Soundness Exam

*Form should be completed by a licensed veterinarian*

Stallion Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_  
Physical Breeding Condition \_\_\_\_\_

### External Genital Examination

Method(s) Used	<input type="checkbox"/> Palpation	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Other _____
Testicles of normal dimension and consistency and fully descended into scrotum?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Penis and prepuce appear normal and free of any sores, infection, tumors or injury?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail any abnormal findings _____			

### Breeding Method

<input type="checkbox"/> Artificial Insemination	<input type="checkbox"/> Live Cover	<input type="checkbox"/> Both
*Pasture Breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*(Note: ASD Coverage not available on pasture breeding stallions without prior company approval.)		

### Behavior and Breeding Ability

Rate on a scale of 1 to 5. 1 being excellent and 5 being poor.	
Temperament/Ease of Handling _____	Libido _____
Erection _____	Mounting _____
Intromission _____	Ejaculation _____
Detail any abnormal findings or poor scores. _____	

### Semen Evaluation

Has a Semen Evaluation been done? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, attach summary report of findings.
Has the stallion received any drugs, nsaid's, or anabolic steroids in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes</b> , please explain. _____	
Any comments or concerns? _____	

Signature of Veterinarian

Date of Exam

Address

Phone Number