

BREEDING SOUNDNESS EVALUATION

Owner:	Date:	
Address:	Animal Name:	Breed:
	ID/Registration #:	Use:
Telephone: ()	Date of Birth:	

History: Previous Exam Date: _____ Classification: _____
 Comments: _____

1. Physical Soundness

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:

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

If "NO" to any of the above, please give details. _____

2. Semen Quality

Collection Method: <input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage	Response <input type="checkbox"/> Erection <input type="checkbox"/> Protrusion <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	___ Other
	___ Detached Heads	

4. Sex Drive and Mating Ability

Unknown Previous Observations: _____

Comments: This animal has been examined for physical soundness and quality of semen only. Unless otherwise noted, no diagnostic tests were undertaken for libido, mating ability or infection disease status of this animal.

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: _____

Clinic Stamp / Address

Signature: _____