



STHA
1397 DAVY ROAD
YORKTOWN, TX 78164

BREEDING SOUNDNESS EXAMINATION

Owner:	Sale Lot #:
Address:	Tattoo #:
City/State/Zip:	Breed: Hereford
Phone:	Date of Birth:

Fertility Tested: Satisfactory: _____
 Questionable: _____
 Unsatisfactory: _____

Concentration: excellent good fair poor other: _____

Motility: 95% 90% 85% 80% 75% 70% 70% 65% other: _____

Rate of forward movement: 5 4 3 2 1

Primary abnormalities: _____ %

Secondary abnormalities: _____ %

Scrotal circumference: _____

Feet & legs: normal abnormal (explain) _____

Owner states bull is: virgin non-virgin

Owner signature: _____

Comments: _____

Semen Examiner: _____

Vet Clinic: _____

Date: _____

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