



STHA
 7001 STATE HWY 35 S
 PORT LAVACA, TX 77979

BREEDING SOUNDNESS EXAMINATION

Owner:	Sale Lot #:
Address:	Tattoo #:
City/State/Zip:	Breed:
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: _____

Primary abnormalities:
 _____ %

Secondary abnormalities:
 _____ %

Scrotal circumference:

Feet & legs: normal abnormal (explain) _____

Trichomoniasis
 Results _____

Physical Exam Findings:

Semen Examiner:

Vet Clinic:

Date:

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