

PO BOX 697

Beeville, TX 78107

**Breeding Soundness Examination**

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

**Fertility Test Examination**

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| Motility Adequate: Yes No | Eye: \_\_\_\_ Normal\_\_\_\_ Abnormal \_\_\_\_Cataracts |
| % Normal Cells: | Feet: \_\_\_\_ Normal\_\_\_ Abnormal |
| % Head & Mid Piece Abnormalities: | Legs: \_\_\_\_ Normal \_\_\_\_ Abnormal |
| % Tail Abnormalities: | Reproductive Organs: \_\_\_\_ Normal \_\_\_\_ Abnormal |

**Scrotal Circumference (CM) \_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This Bull has been examined for physical soundness and quality of semen only, unless otherwise noted, no diagnostic tests were undertaken for libido, mating ability or infectious disease status of this bull.

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| **Comments**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Interpretation of data resulting from this examination would indicate that on this date, this bull is a:

**\_\_\_\_\_\_\_\_\_Satisfactory Breeder \_\_\_\_\_\_\_\_\_\_Questionable Breeder \_\_\_\_\_\_\_\_\_Unsatisfactory**

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| **Semen Examiner:** | **Trichomoniasis:** All bulls must be tested within30 days of sale (in state origin)/30 days of sale (out of state origin) |
| **Vet Clinic:** | **Lab Name:** |
| **Date:** | **Date Trichomoniasis Negative:** |