



Butch Human, Manager
P.O. Box 2250
Advance, NC 27006
info@starhinsurance.com

BREEDING SOUNDNESS EVALUATION



Applicant/Owner _____	Animal Name _____
Mailing Address _____	Identification Number _____
City, ST Zip _____	Breed _____
Phone _____	Use _____
Fax _____	Age / Date of Birth _____
E-mail Address _____	

History: Previous Breeding Soundness Evaluation _____ Date: _____ Classification: _____
Comments: _____

1. Physical Condition

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:

- Eyes Yes No
- Feet / Legs Yes No
- Accessory Sex Glands Yes No
- Inguinal Rings Yes No
- Penis / Prepuce Yes No
- Scrotum (shape)..... Yes No
- Scrotal Circumference _____ cm.
- Testicles / Spermatic Cord Yes No
- Epididymides..... Yes No

If No, to any of the above, please provide details. _____

2. Semen Quality

Collection Method: <input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage	Response: <input type="checkbox"/> Protrusion <input type="checkbox"/> Erection <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 (main) | _____ Other |
| | _____ Detached Heads | |

4. Sex Drive and Mating Ability

Unknown _____ Previous Observation(s) _____

Comments: This animal has been examined for physical soundness and quality of semen only.

Unless otherwise noted below, no diagnostic tests were undertaken for libido, mating ability or infectious disease status of this animal. _____

5. 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: _____

If also requesting Accident Sickness and Disease Coverage, complete and attach Stallion Infertility (LS 16 28).

Veterinarian's Signature _____ Date _____ Clinic Stamp / Address: _____ Telephone Number: _____