

# BREEDING SOUNDNESS EVALUATION & VETERINARY CERTIFICATE

<b>1786992 ALBERTA LTD. o/a STOCKMENS INSURANCE</b> PH: 306-931-0088      FAX: 306-931-8782 EMAIL: <a href="mailto:rkohle@stockmensinsurance.ca">rkohle@stockmensinsurance.ca</a>		AGENT STAMP / CONTACT INFO
CLIENT'S NAME – FARM OR INDIVIDUAL:	DATE OF EXAMINATION:	
ATTENDING VETERINARIAN:  Veterinary Clinic Phone Number Email	LOT #	ENTIRE TATTOO / RFID #
	SEX	BREED
	BIRTHDATE	
Are you the regularly attending veterinarian for this Farm or Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a current Herd Health Program for this Farm or Individual? <input type="checkbox"/> Yes <input type="checkbox"/> No How often does a veterinarian attend this Farm or Individual yearly? <input type="checkbox"/> less than 5 times <input type="checkbox"/> 5 to 10 times <input type="checkbox"/> more than 10 times		

**INSTRUCTIONS TO EXAMINING VETERINARIAN:** An adequate history, including the possibility of an accident, illness or disease or surgical operations (e.g. dehorning), must be recorded below. It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate and respiratory rate, must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

**A. Environment**

1. Where was this animal examined:  In clinic  On farm  Other: \_\_\_\_\_

2. Type of Housing or Shelter? ie: pasture, corral (steel or wood), open faced shed, barn, trees \_\_\_\_\_

3. To your knowledge, has any reportable disease been diagnosed in your county, municipality or region in the past 12 months?  Yes  No  
 If so, indicate date, area and disease: \_\_\_\_\_

4. Have any cases of bloat or grain over-load been treated in this herd in the past 12 months?  Yes  No

**B. Physical Examination**

**Body Condition Score:** (A score of 1 is very thin, a score of 5 is very fat)  1  2  3  4  5

**Docility Score:** (A score of 1 is very quiet, a score of 5 is wild and may charge)  1  2  3  4  5

5. Are the temperature, pulse rate and respiratory rate within the normal range?  Yes  No

6. Do the eyes appear normal?  Yes  No

7. Does the coat appear normal?  Yes  No

8. Does this animal manifest any lameness or faulty confirmation in any of its feet or legs, including long toes?  Yes  No

9. Has any surgery or procedure requiring local or general anesthetic been performed on this animal?  Yes  No  
 If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health). \_\_\_\_\_

10. Does this animal have current vaccinations for Blackleg, Footrot, IBR, BVD and Haemophilus?  Yes  No

11. In the past 12 months, has this animal been treated for endo or ectoparasites (deworming)?  Yes  No

**C. Male Reproduction**

12. Is this bull examined yearly?  Yes  No

13. Was this animal Trychomoniasis tested?  Yes  No

14.  All items below are normal and properly developed for the age of the animal unless otherwise indicated.  
 Accessory Sex Glands  Inguinal Rings  Penis  Prepuce  Scrotum  Scrotal Shape  Testicles  Epididymides

15. Scrotal Circumference: \_\_\_\_\_ (cm)  Above Average  Average +/- 1cm  Below Average  Below Minimum

**D. Further Comments and Observations**

**E. Semen Examination** (To be completed in conjunction with Part A, B and C)

Semen Quality	% Sperm Abnormalities	Collection Method:
Volume	Head	<input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage
Density	Midpiece	<b>Response:</b> <input type="checkbox"/> No Protrusion <input type="checkbox"/> Protrusion
Gross Motility	Principal Piece	
Individual Motility	Droplets	
Staining Alive %	Acrosome	
<b>Semen Characteristics</b>		
Motility <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Detached Heads (Normal)	% <b>Normal</b>
Morphology <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Detached Heads (Abnormal)	

**Classification:** The results of this bull evaluation should in no way be used as a legal document certifying or condemning fertility. Rather it is an evaluation guide to utilize the knowledge we currently have to discourage use of potentially inefficient sires. To the best of my knowledge, the result of this evaluation indicate that the potential breeding capacity of this bull is:

**DEFERRED**     **QUESTIONABLE**     **UNSATISFACTORY**     **SATISFACTORY**

I hereby certify that I have examined the above identifiable animal and have found it to be of the health condition and age stated and verified by the above question. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

**Veterinarian Signature**
**Date of Signature**