

1256 FM 407 JUSTIN, TX 76247
1 (800) 972-0272 FAX (940) 648-3738

STALLION BREEDING SOUNDNESS EXAM

CLIENT'S NAME: _____

STALLION'S NAME: _____ AGE: _____ BREED: _____ COLOR: _____

Physical Breeding Condition: _____

External Genital Examination- Method(s) Used:

Palpation _____ Ultrasound _____ Other _____

	YES	NO
Testicles of normal dimension and consistency and fully descended into scrotom?	_____	_____

Penis and prepuce appear normal and free of any sores, infection, tumors or injury?	_____	_____
---	-------	-------

Detail any abnormal findings: _____

Breeding Method:

Artificial Insemination: _____ Live Cover: _____ Both: _____

*Pasture Breeding? YES NO (Please Circle One)

***(Note: AS&D Coverage not available on pasture breeding stallions without prior company approval.)**

Behavior and Breeding Ability: Rate on a scale of 1 to 5. 1 being excellent and 5 being poor.

Temperament/Ease of Handling: _____ Libido: _____

Erection: _____ Mounting: _____

Intromission: _____ Ejaculation: _____

Detail any abnormal findings or poor scores: _____

Has a Semen Evaluation been done? _____ If so, attach summary report of findings.

Has the stallion received any drugs, nsuids, or anabolic or other steroids in the past year? _____

If yes, please explain: _____

Any comments or concerns?: _____

Veterinarian's Signature

Date of Exam

Address & Phone #