Asset Equine
INSURANCE
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Breeding Soundness Evaluation

Owner:	Date:
Address:	Animal Name: Breed:
	ID No. Use:
Telephone: ( )	Age or Date of Birth:

History: Previous BSE Date: _____ Classification: _____

Comments: _____

1. ***Physical Soundness***

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	Yes	No
Testicles/Spermatic Cord	Yes	No
Epidiymides	Yes	No

Scrotal Circumference
_____ cm.

If "No" to any of the above please give details. _____

2. ***Semen Quality***

Collection Method: EE ____ AV _____ Message | Response: Erection _____ Protrusion ____ Ejaculation _____

	Ejaculate 1	Ejaculate 2
Gross Motility	_____	_____
Individual Motility (%)	_____	_____
Volume	_____	_____
Density	_____	_____
Percent Staining Life	_____	_____

3. ***Morphology (%) Sperm Abnormalities***

_____ % Abnormal

_____ % Normal

_____ Head
_____ Midpiece
_____ Principal Piece (main)
_____ Detached Heads

_____ Proximal Droplets
_____ Knobbed Acrosome
_____ Other

4. ***Sex Drive and Mating Ability***

Unknown _____ Previous Observation(s) _____

Comments: This animal has been examined for the 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 animal.

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: _____

_____

Clinic Stamp/Address Signature _____