



## **BULL SOUNDNESS EVALUATION**

NAME OF BULL: \_\_\_\_\_

TATTOO IDENT: (LEFT Ear) \_\_\_\_\_ (RIGHT Ear) \_\_\_\_\_

STUD OF ORIGIN: \_\_\_\_\_ PREFIX: \_\_\_\_\_

PLACE OF EXAMINATION: \_\_\_\_\_ DATE: \_\_\_\_\_

### CLINICAL EXAMINATION:

General Condition	Obese <input type="checkbox"/>	Good <input type="checkbox"/>	Store <input type="checkbox"/>	Poor <input type="checkbox"/>	
					<u>Details</u>
Eyes (Menace Reflex)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Head, Teeth and Jaws	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Thorax	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Abdomen – Hernia	Absent <input type="checkbox"/>	Present <input type="checkbox"/>			_____
Penis – Relaxed - Erect	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Prepuce	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Scrotum	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			Measurement _____ cms
Testicles palpation	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Seminal Vesicles and Ampullae	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Gait	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Feet	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Joints	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Forelimb structure	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Hindlimb structure	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Pelvic area	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Spinal column	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>			_____
Eye pigmentation	Left eye % <input type="checkbox"/>	Right eye % <input type="checkbox"/>			

This bull is my opinion \_\_\_\_\_ for breeding purposes.

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Veterinary Surgeon)