



BULL SOUNDNESS EVALUATION

NAME OF BULL: _____

TATTOO IDENT: (LEFT Ear) _____ **(RIGHT Ear)** _____

STUD OF ORIGIN: _____ **PREFIX:** _____

PLACE OF EXAMINATION: _____ **DATE:** _____

CLINICAL EXAMINATION:

	Obese	<input type="checkbox"/>	Good	<input type="checkbox"/>	Store	<input type="checkbox"/>	Poor	<input type="checkbox"/>	
General Condition									<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: _____ (Veterinary Surgeon) Date: _____