The Australian Simmental Breeders Association Limited
ABN: 72 000 885 834

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 ☐	Good ☐	Store ☐	Poor ☐		**Details**
Eyes (Menace Reflex)	Normal	☐	Abnormal	☐		
Head, Teeth and Jaws	Normal	☐	Abnormal	☐		
Thorax	Normal	☐	Abnormal	☐		
Abdomen – Hernia	Absent	☐	Present	☐		
Penis – Relaxed	Normal	☐	Abnormal	☐		
- Erect	Normal	☐	Abnormal	☐		
Prepuce	Normal	☐	Abnormal	☐		
Scrotum	Normal	☐	Abnormal	☐	Measurement	cms
Testicles palpation	Normal	☐	Abnormal	☐		
Seminal Vesicles and Ampullae	Normal	☐	Abnormal	☐		
Gait	Normal	☐	Abnormal	☐		
Feet	Normal	☐	Abnormal	☐		
Joints	Normal	☐	Abnormal	☐		
Forelimb structure	Normal	☐	Abnormal	☐		
Hindlimb structure	Normal	☐	Abnormal	☐		
Pelvic area	Normal	☐	Abnormal	☐		
Spinal column	Normal	☐	Abnormal	☐		
Eye pigmentation	Left eye %	☐	Right eye %	☐		

This bull is my opinion _____ for breeding purposes.

Comments: _____

Signed: _____(Veterinary Surgeon) Date: _____

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