

BREEDING SOUNDNESS EVALUATION & VETERINARY CERTIFICATE

CANADIAN FARM INSURANCE CORP o/a LIVESTOCK INSURANCE MANAGERS PH: 306-244-8181 FAX: 306-931-8183 EMAIL: info@lim-sk.ca		AGENT STAMP / CONTACT INFO
CLIENT'S NAME – FARM OR INDIVIDUAL:		DATE OF EXAMINATION:
ATTENDING VETERINARIAN: Veterinary Clinic Phone Number Email	LOT #	ENTIRE TATTOO / RFID #
	SEX	BREED
		BIRTHDATE
Are you the regularly attending Veterinarian for this Farm or Individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current Herd Health Program for this Farm or Individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How often does a Veterinarian attend this Farm or Individual yearly?		<input type="checkbox"/> less than 5 times <input type="checkbox"/> 5 to 10 times <input type="checkbox"/> more than 10 times

INSTRUCTIONS TO EXAMINING VETERINARIAN: An adequate history, including the possibility of an accident, illness or disease or surgical operations (e.g. dehorning), must be recorded below. It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate and respiratory rate, must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

<u>A. Environment</u>																									
1. Where was this animal examined: <input type="checkbox"/> In clinic <input type="checkbox"/> On farm <input type="checkbox"/> Other: _____																									
2. Type of Housing or Shelter? ie: pasture, corral (steel or wood), open faced shed, barn, trees _____																									
3. To your knowledge, has any reportable disease been diagnosed in your county, municipality or region in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate date, area and disease: _____																									
4. Have any cases of bloat or grain over-load been treated in this herd in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<u>B. Physical Examination</u>																									
Body Condition Score: (A score of 1 is very thin, a score of 5 is very fat) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																									
Docility Score: (A score of 1 is very quiet, a score of 5 is wild and may charge) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																									
5. Are the temperature, pulse rate and respiratory rate within the normal range? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
6. Do the eyes appear normal? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
7. Does the coat appear normal? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
8. Does this animal manifest any lameness or faulty confirmation in any of its feet or legs, including long toes? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
9. Has any surgery or procedure requiring local or general anesthetic been performed on this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health). _____																									
10. Does this animal have current vaccinations for Blackleg, Footrot, IBR, BVD and Haemophilus? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
11. In the past 12 months, has this animal been treated for endo or ectoparasites (deworming)? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<u>C. Male Reproduction</u>																									
12. Is this bull examined yearly? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
13. Was this animal Trychomoniasis tested? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
14. <input type="checkbox"/> All items below are normal and properly developed for the age of the animal unless otherwise indicated. <input type="checkbox"/> Accessory Sex Glands <input type="checkbox"/> Inguinal Rings <input type="checkbox"/> Penis <input type="checkbox"/> Prepuce <input type="checkbox"/> Scrotum <input type="checkbox"/> Scrotal Shape <input type="checkbox"/> Testicles <input type="checkbox"/> Epididymides																									
15. Scrotal Circumference: _____ (cm) <input type="checkbox"/> Above Average <input type="checkbox"/> Average +/- 1cm <input type="checkbox"/> Below Average <input type="checkbox"/> Below Minimum																									
<u>D. Further Comments and Observations</u>																									
_____ _____ _____																									
<u>E. Semen Examination</u> (To be completed in conjunction with Part A, B and C)																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Semen Quality</th> <th style="width: 30%;">% Sperm Abnormalities</th> <th style="width: 40%;">Collection Method:</th> </tr> <tr> <td>Volume</td> <td>Head</td> <td><input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage</td> </tr> <tr> <td>Density</td> <td>Midpiece</td> <td rowspan="2">Response: <input type="checkbox"/> No Protrusion <input type="checkbox"/> Protrusion</td> </tr> <tr> <td>Gross Motility</td> <td>Principal Piece</td> </tr> <tr> <td>Individual Motility</td> <td>Droplets</td> <td></td> </tr> <tr> <td>Staining Alive %</td> <td>Acrosome</td> <td></td> </tr> <tr> <th colspan="2">Semen Characteristics</th> <th rowspan="3" style="text-align: center;">% Normal</th> </tr> <tr> <td>Motility <input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td>Detached Heads (Normal)</td> </tr> <tr> <td>Morphology <input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td>Detached Heads (Abnormal)</td> </tr> </table>		Semen Quality	% Sperm Abnormalities	Collection Method:	Volume	Head	<input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage	Density	Midpiece	Response: <input type="checkbox"/> No Protrusion <input type="checkbox"/> Protrusion	Gross Motility	Principal Piece	Individual Motility	Droplets		Staining Alive %	Acrosome		Semen Characteristics		% Normal	Motility <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Detached Heads (Normal)	Morphology <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Detached Heads (Abnormal)
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Classification: The results of this bull evaluation should in no way be used as a legal document certifying or condemning fertility. Rather it is an evaluation guide to utilize the knowledge we currently have to discourage use of potentially inefficient sires. To the best of my knowledge, the result of this evaluation indicate that the potential breeding capacity of this bull is: <input type="checkbox"/> DEFERRED <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> SATISFACTORY																									

I hereby certify that I have examined the above identifiable animal and have found it to be of the health condition and age stated and verified by the above question. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

Veterinarian Signature

Date of Signature