

Administration and Claims Notification

LIVESTOCK INSURANCE MANAGERS

AGENCY:

PO Box 30101, 1624 – 33rd Street W.

Saskatoon, SK S7L 7M6

PH. – 306-244-8181

Fax – 306-244-8183

E-mail – info@lim-sk.ca

VETERINARY EXAMINATION CERTIFICATE (BOVINE)

Please Print

Client/Farm Name: _____

Place of Examination: _____ Date of Examination: _____

Veterinary Clinic: _____ Attending Veterinarian: _____

Address: _____

Phone No: _____ Fax No: _____

DESCRIPTION OF ANIMAL EXAMINED:

Name of Animal _____ Tattoo / CCIA # _____

Breed _____ Sex _____ Birthdate _____

Use of Animal: _____

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.

1) Overall Body Condition Score 1 2 3 4 5 (1-poor, 5-fat) _____

2) Are the temperature, pulse rate, and respiratory rate within the normal range? YES NO

3) Do the Eyes appear normal? YES NO

4) Does this animal manifest any lameness or faulty confirmation in any of its feet or legs? YES NO

If yes, please give details: _____

5) Has any surgery or procedure requiring local or general anesthetic been performed on this animal? YES NO

If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health) _____

6) Does this animal have current vaccinations for Blackleg, IBR, BVD, and Haemophilus? YES NO

7) In the past 12 months has this animal been treated for endo or ectoparasites (deworming)? YES NO

8) Have any cases of bloat or grain overload been treated in this herd in the past 12 months? YES NO

9) I have examined the reproductive organs of the above noted animal and found them to be properly developed for the age of the animal and without abnormality. YES NO

If No, please give details _____

Any additional comments: _____

IF A BULL – PLEASE COMPLETE PART II – BULL BREEDING SOUNDNESS EVALUATION

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 questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

Date _____ Signature _____

Veterinary Certificates must be received by **LIVESTOCK INSURANCE MANAGERS** within 30 days of the examination

BULL BREEDING SOUNDNESS EVALUATION – Part II

Client/Farm Name: _____

Name of Animal _____ Tattoo _____

I. SEX DRIVE & MATING ABILITY

Unknown

Recent Observations

Comments: (In most cases the onus is on the producer to evaluate this important aspect of bull fertility)

II. SCROTAL CIRCUMFERENCE _____ cm.

____ Above Average

____ Average ± 1 cm.

____ Below Average

____ Below Minimum

Comments: _____

III. SEMEN QUALITY

Collection Method: ____ Massage ____ EE ____ AV (%) Sperm Abnormalities

Response: ____ Protrusion ____ No Protrusion ____ Head _____

Ejaculate # 1 Ejaculate # 2 ____ Midpiece _____

Volume _____ Principle Piece _____

Density _____ Detached Heads (normal/abnormal) ____

Gross Motility _____ Proximal Droplets _____

Individual Motility (%) _____ Acrosome _____

Staining Alive (%) _____ Normal _____

Comments: _____

CLASSIFICATION: To the best of my knowledge the results of this evaluation indicate that the potential breeding capacity of this bull is:

____ **Satisfactory** (Satisfactory is not a guarantee; observe breeding watch for returns to heat)

____ **Decision Deferred**

____ **Questionable**

____ **Unsatisfactory**

COMMENTS: _____

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Date _____ Signature _____

Veterinary Certificates must be received by **LIVESTOCK INSURANCE MANAGERS** within 30 days of the examination