

**Administration and Claims Notification**

**LIVESTOCK INSURANCE MANAGERS**

**AGENCY:**

210 - 3502 Taylor Street East

Saskatoon, SK S7H 5H9

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**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:** \_\_\_\_\_

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