

Bull Examination Certificate

Date of Examination: _____
 Owner: _____ Address: _____

Ear Tattoo: _____ Brand: _____ Ear Tag: _____ Microchip #: _____
 Breed: _____ Age: _____ Weight: _____
 Scrotal Circumference: _____ cm Normal Sperm: _____ % Serving Capacity: _____
 History (illness, injury, nutrition, fertility): _____

Vaccinations (vaccine used/dates): _____

Purpose of Examination: _____

Examinations Performed/Requested: Physical Semen
 Serving Ability Serving Capacity Special Diagnostic

EVALUATION: On the basis of the examination(s) performed on this bull, it is my opinion that this bull
 Is a satisfactory breeding bull
 Should be re-examined (*see comments*)
 Is an unsatisfactory breeding bull (*see comments*)

Comments: _____

Signed: _____ Date: _____ Veterinarian _____
 Address: _____

RESULTS OF THIS CERTIFICATE APPLY TO THE DATE OF THE EXAMINATION and no responsibility can be taken for any subsequent events that may contribute to the ability of the bull to breed satisfactorily or otherwise. The AACV recommends that breeding bulls should be **vaccinated** for Vibriosis prior to commencement of mating. In the case of heavily conditioned bulls, the bull should be re-examined after it is "let-down".

PHYSICAL EXAMINATION *Satisfactory* *Re-examine* *Unsatisfactory*
 Eyes: _____ Feet: _____ Prepuce: _____ Epididymis: _____
 Teeth/Jaw: _____ Legs: _____ Penis: _____ Prostrate: _____
 Thorax: _____ Joints: _____ Scrotum: _____ Ampullac: _____
 Abdomen: _____ Gait: _____ Testicles: _____ Seminal Vesicles: _____
 Condition Score: _____ Sheath Score: _____ Scrotal Circumference: _____ cm
 Comments: _____

SEMEN EVALUATION *Satisfactory* *Re-examine* *Unsatisfactory*
 Collection Method: _____
 Mass Activity Score: _____ Percent Progressively Motile: _____ %
 Morphology: _____ % Normal sperm: _____ %
 Comments: _____

SERVING ABILITY *Satisfactory* *Re-examine* *Unsatisfactory*
 Method of Evaluation: _____
 Duration of Observation: _____ Number of Mounts: _____ Number of Services: _____
 Comments: _____

SERVING CAPACITY *Satisfactory* *Re-examine* *Unsatisfactory*
 Method of Evaluation: _____
 Duration of Test: _____ Number of Mounts: _____ Number of Services: _____
 Serving Capacity: _____
 Comments: _____

SPECIAL DIAGNOSTIC EXAMINATION: Test Used: _____
 Comments & Findings: _____