

Society for Theriogenology
Stallion Breeding Soundness Evaluation Form
 Form Number: E000001

2 EJACULATES, 1 HOUR APART

Date: _____

Stallion Information: Name: _____ Age: _____ Breed: _____ Color: _____ Registration #: _____ Markings/Brands: _____ Present Breeding Status: <input type="checkbox"/> Sexually rested <input type="checkbox"/> Actively breeding <input type="checkbox"/> At daily sperm output Intended Use: _____	Owner/Agent: Address: _____ Telephone: _____ Facsimile: _____ Referring Veterinarian: Telephone: _____ Veterinary Examiner: Address: _____ Telephone: _____
--	--

History:	Physical Breeding Condition:

External Genital Examination: Method(s) Used Palpation Ultrasound Other

• Testis:	<u>Left</u>	<u>Right</u>	• Prepuce:
L x W x H (cm):	_____	_____	_____
Volume (cm ³):	_____	_____	_____
Consistency	_____	_____	_____
• Epididymis:	_____	_____	• Other Findings:
• Spermatic Cord:	_____	_____	_____

Internal Genital Examination: Performed Not performed
 Method(s) Used: Palpation Ultrasound Other

	<u>Left</u>	<u>Right</u>	
• Inguinal Ring (size)	_____	_____	• Ampulla:
• Vesicular Gland:	_____	_____	• Prostatic Lobe:
			<u>Left</u> <u>Right</u>

Behavior and Breeding Ability:

Temperament	Libido	Erection	Mounting	Intromission	Ejaculation

Other Examination Findings: _____

Additional Diagnostic Tests:

Test	Date Performed	Results



Society for Theriogenology
Stallion Breeding Soundness Evaluation Form
 (Page 2 of 2)

Stallion Name: _____

Date: _____

Semen Evaluation:	Ejaculate	
	1	2
Collection Time:		
Collection Method:		
Number of Mounts/Time to First Mount (min):		
Volume (ml) – gel free/gel:		
Gross Appearance:		
Seminal pH/Seminal Osmolarity:		
Motility % (total progressive): <input type="checkbox"/> raw <input type="checkbox"/> extended		
Velocity (0-4 or microns/second): <input type="checkbox"/> raw <input type="checkbox"/> extended		
Concentration (x 10 ⁶ /ml) – Method use: _____		
Total Number of Sperm (x 10 ⁹):		
Total Number Sperm x % Progressively Motile (x 10 ⁹):		

Sperm Morphology:		
<input type="checkbox"/> Buffered Formal Saline	<input type="checkbox"/> Phase Contrast Microscopy	<input type="checkbox"/> Bright Field Microscopy
<input type="checkbox"/> Stain _____	<input type="checkbox"/> Other _____	
% Normal Sperm:		
% Abnormal Acrosomal Regions/Heads:		
% Tailless Heads:		
% Proximal Droplets:		
% Distal Droplets:		
% Abnormally-shaped/Bent Midpieces:		
% Bent/Coiled Tails:		
Premature (Round) Germ Cells:		
Other Cells (WBC, RBC, etc.):		
Total # Sperm x % Morphologically Normal (x 10 ⁹):		

Longevity (Viability Test: Reported as Storage Time (hours) / % Prog. Motile Sperm:	
_____ Raw at _____ °C:	
_____ Extender (10:1) at _____ °C:	
_____ Extender (10:1) at _____ °C:	
_____ Extender (25 x 10 ⁶ sperm/ml) at _____ °C:	
_____ Extender (25 x 10 ⁶ sperm/ml) at _____ °C:	

Culture and Sensitivity:	
Pre-Wash Urethra	
Pre-Wash Penile Shaft	
Pre-Wash Fossa Glandis	
Post-Ejaculate Urethra	
Other: _____	

Classification: Based on the intended use of this stallion and interpretation of data resulting from this examination, the above stallion is classified as a (an):

Satisfactory Breeding Prospect

Questionable Breeding Prospect

Unsatisfactory Breeding Prospect

See attached letter

Date: _____

Signature: _____

Clinic Name: _____