

Beef Bull Breeding Soundness Evaluation

Date: _____

Owner _____ Bull Name _____ Breed _____
 Address _____ I.D. No. _____ Brand Tattoo Ear Tag
 _____ Birth Date _____ Age _____ Years _____ Months
 County _____ Telephone _____ Years Used for Breeding _____ No. Calves Sired _____

PHYSICAL TRAITS		COMMENTS	
Degree of Muscling: Heavy _____ Moderate _____ Light _____ Beef Conformation: Desirable _____ Satisfactory _____ Unsatisfactory _____ Structural Soundness: Desirable _____ Satisfactory _____ Unsatisfactory _____ Body Condition: <u>Thin</u> <u>Borderline</u> <u>Optimum</u> <u>Fat</u> (Circle Score) 1 2 3 4 5 6 7 8 9 Hip Ht. _____ inches Estimated Frame Score _____ Weight _____ Backfat Thickness _____ inches Loin Eye Area _____ Square inches Pelvic Ht. _____ cm Width _____ cm Area _____ Square cm			
PHYSICAL EXAMINATION		SEMEN EXAMINATION	
Feet/Legs		Collection Method: EE <input type="checkbox"/> AV <input type="checkbox"/> Massage <input type="checkbox"/>	
Eyes		Response: Erection <input type="checkbox"/> Protrusion <input type="checkbox"/> Ejaculation <input type="checkbox"/>	
Vesicular Glands		Ejaculate	
Ampullae/Prostate		SEMEN CHARACTERISTICS	
Inguinal Rings		Gross	1
Penis/Prepuce		Motility (or)	2
Testes/Spermatic Cord		Individual (%)	
Epididymides		% Normal Cells	
Scrotum (Share)		% Primary Abnormalities	
Other		% Secondary Abnormalities	
This bull has been examined for physical soundness and quality of semen only. Unless otherwise noted, no diagnostic tests were undertaken for libido, mating ability or infectious disease status of this bull.		CATEGORY	
Remarks and interpretation:		Scrotal Circumference	30 cm at ≤ 15 mo. ≤ 31 cm at > 15 mo. ≤ 18 mo. 32 cm at > 18 mo. ≤ 21 mo. 33 cm at > 21 mo. ≤ 24 mo. 34 cm at > 24 mo.
		_____ (cm)	≥ 70% normal sperm ≥ 30% individual motility and/or "fair" gross motility
		Sperm Morphology	
		Sperm Motility	
CLASSIFICATION		Reason(s) for unsatisfactory or classification deferred:	
Interpretation of data resulting from this examination indicates, that on this date, this bull is:		_____	

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Classification Deferred <input type="checkbox"/> Retest _____ days			
_____ Veterinarian			

GENERAL HEALTH**Parasites**

Internal (worms) fecal egg count _____

External (kind) _____

Level of Infestation

High _____ Moderate _____ Low _____

High _____ Moderate _____ Low _____

Diagnostic Tests	Negative	Positive	Comments
* Brucellosis			
** Leptospirosis			
** Anaplasmosis			
Other			

* Positive test automatically disqualifies bull ** Requires treatment prior to use

Data collection and comments were also made by the following qualified person(s):

Name_____
Title_____
Name_____
Title**COMMENTS**

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