

# Illinois Performance Tested Bull Sale

## Bull Fertility Evaluation

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Owner \_\_\_\_\_ Date Evaluated \_\_\_\_\_  
Farm Name \_\_\_\_\_ Breed \_\_\_\_\_  
Address \_\_\_\_\_ Tattoo \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

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### Physical Examination:

Body Condition Score (1-9) - \_\_\_\_\_ Vesicular Glands - \_\_\_\_\_  
Scrotal Circumference (cm) - \_\_\_\_\_ Ampullae/Prostate - \_\_\_\_\_  
Scrotal (Shape) - \_\_\_\_\_ Inguinal Ring - \_\_\_\_\_  
Testes/Spermatic Cord - \_\_\_\_\_ Epididymides - \_\_\_\_\_  
Feet & Legs - \_\_\_\_\_ Penis/Prepuce - \_\_\_\_\_  
Eyes - \_\_\_\_\_ Other - \_\_\_\_\_

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### Semen Examination:

#### Collection Method:

EE \_\_\_\_\_ AV \_\_\_\_\_ Massage \_\_\_\_\_

#### Response:

Erection \_\_\_\_\_ Protrusion \_\_\_\_\_ Ejaculation \_\_\_\_\_

#### Semen Characteristics:

	<u>Acceptable</u>	<u>Other</u>
Motility.....	_____	_____
% Normal Cells.....	_____	_____
% Abnormalities.....	_____	_____

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### Classification:

\_\_\_\_\_ - Satisfactory Potential Breeder  
\_\_\_\_\_ - Unsatisfactory Potential Breeder (*Re-examination Recommended* - \_\_\_\_\_)  
\_\_\_\_\_ - Classification Deferred (*Re-examination Recommended* - \_\_\_\_\_)

Veterinarian \_\_\_\_\_ Clinic Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_