CANADA - BREEDING SOUNDNESS EVALUATION

NOTICE For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Hartford Fire Insurance Company's insurance business in Canada

THE HARTFORD

Applicant/Owner		Animal Name	
Mailing Address		Identification Number	
City, Prov, Post		Breed	
Phone		Use	
Fax		Age / Date of Birth	
E-mail Address			

History: Previous Breeding Soundness Evaluation Date: _____ Classification: _____
Comments: _____

1. Physical Condition

Body condition rating: ☐ Thin ☐ Moderate ☐ Good ☐ Obese
Body condition score: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The following were examined and found to be within normal limits:

Eyes	☐ Yes	☐ No
Feet / Legs	☐ Yes	☐ No
Accessory Sex Glands	☐ Yes	☐ No
Inguinal Rings	☐ Yes	☐ No
Penis / Prepuce	☐ Yes	☐ No
Scrotum (shape)	☐ Yes	☐ No
Scrotal Circumference _____ cm.		
Testicles / Spermatic Cord	☐ Yes	☐ No
Epidiymides	☐ Yes	☐ No

If No, to any of the above, please provide details. _____

2. Semen Quality

Collection Method: ☐ EE ☐ AV ☐ Massage | Response: ☐ Protrusion ☐ Erection ☐ Ejaculation

	Ejaculate 1	Ejaculate 2
Gross Motility		
Individual Motility (%)		
Volume		
Density		
Percent Staining Alive		

3. Morphology (%) Sperm Abnormalities

_____ % Abnormal	_____ Head	_____ Proximal Droplets
	_____ Midpiece	_____ Knobbed Acrosome
_____ % Normal	_____ Principal Piece (main)	_____ Other
	_____ Detached Heads	

4. Sex Drive and Mating Ability

Unknown _____ Previous Observation(s) _____

Comments: This animal has been examined for physical soundness and quality of semen only. Unless otherwise noted below, no diagnostic tests were undertaken for libido, mating ability or infectious disease status of this animal. _____

5. Classification

To the best of my knowledge, the results of this evaluation indicate that the breeding capacity of this animal is:

☐ Satisfactory ☐ Unsatisfactory ☐ Questionable ☐ Decision Deferred

Comments: _____

If also requesting Accident Sickness and Disease Coverage, complete and attach Stallion Infertility (LS 16 56).

Veterinarian's Signature _____ Clinic Stamp / Address: _____
Date _____ Telephone Number: _____