

# VETERINARY CERTIFICATE and BULL BREEDING SOUNDNESS EVALUATION

|   |                        |   |  |                                    |                        |      |  |      |           |  |  |
|---|------------------------|---|--|------------------------------------|------------------------|------|--|------|-----------|--|--|
| <b>CANADIAN FARM INSURANCE CORP. o/a<br/>LIVESTOCK INSURANCE MANAGERS</b><br>210 - 3502 Taylor Street East SASKATOON, SK S7H 5H9<br>PH: 306-244-8181 FAX: 306-244-8183<br>EMAIL: <a href="mailto:rkohle@lim-sk.ca">rkohle@lim-sk.ca</a> |                        | AGENT STAMP /<br>CONTACT INFO<br><b>Keystone Livestock Services</b><br><b>RR1 Box 57 Brandon, Manitoba</b><br><b>R7A 5Y1</b><br><b>204-728-3058</b><br><b>fax-204-727-7744</b>  |  | VETERINARY STAMP /<br>CONTACT INFO |                        |      |  |      |           |  |  |
| Client's Name & Address:  | Lot #                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Breed:</td> <td style="padding: 5px;">ENTIRE TATTOO / RFID #</td> </tr> <tr> <td style="padding: 5px;">Sex:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Age:</td> <td style="padding: 5px;">BIRTHDATE</td> </tr> </table> |  | Breed:                             | ENTIRE TATTOO / RFID # | Sex: |  | Age: | BIRTHDATE |  |  |
| Breed:  | ENTIRE TATTOO / RFID # |   |  |                                    |                        |      |  |      |           |  |  |
| Sex:  |                        |   |  |                                    |                        |      |  |      |           |  |  |
| Age:  | BIRTHDATE              |   |  |                                    |                        |      |  |      |           |  |  |
| Phone #:  |                        |   |  |                                    |                        |      |  |      |           |  |  |

**INSTRUCTIONS TO EXAMINING VETERINARIAN:**

An adequate history, including the possibility of an accident, illness or disease or surgical operations (e.g. dehorning), must be recorded below.

It is required that each animal shall be examined outside the stall and that it be made to move about to demonstrate freedom from lameness. A physical examination of each individual, including temperature, pulse rate and respiratory rate, must be performed. Further tests or specialized diagnostic procedures may be requested by the Insurance Company.

|   |  |
|---|--|
| <h2 style="margin: 0;">A. Physical Examination</h2> <p><b>Body Condition Score:</b> (A score of 1 is very thin, a score of 5 is very fat)      <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4    <input type="checkbox"/> 5</p> |  |
| 1. Are the temperature, pulse rate and respiratory rate within the normal range?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do the eyes appear normal?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does this animal manifest any lameness or faulty confirmation in any of its feet or legs?<br>If yes, please give details. _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has any surgery or procedure requiring local or general anesthetic been performed on this animal?<br>If yes, please give details (date of surgery, recovery, likelihood of further complications to reproductive abilities or general health). _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does this animal have current vaccinations for Blackleg, Footrot, IBR, BVD and Haemophilus?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. In the past 12 months, has this animal been treated for endo or ectoparasites (deworming)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have any cases of bloat or grain over-load been treated in this herd in the past 12 months?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are the reproductive organs found to be properly developed for the age of the animal and without abnormality?<br>If no, please give details _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>Comments:</b></p><br><br><br>   |  |

I hereby certify that I have examined the above identifiable animal and have found it to be of the health Condition and age stated and verified by the above questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

\_\_\_\_\_  
**Date of Examination**

\_\_\_\_\_  
**Veterinarian Signature**

\_\_\_\_\_  
**Date**

Veterinary Certificates and Bull Breeding Soundness Evaluations must be received by  
LIVESTOCK INSURANCE MANAGERS within 30 days of the Examination

# VETERINARY CERTIFICATE and BULL BREEDING SOUNDNESS EVALUATION

|  |  |  |                                   |  |  |
|--|--|--|-----------------------------------|--|--|
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| Client's Name & Address:   |  | Lot #  | <b>ENTIRE TATTOO<br/>/ RFID #</b> |  |  |
| Phone #:   |  | Breed:   |                                   |  |  |
|  |  | Sex:   |                                   |  |  |
|  |  | Age:   |                                   |  |  |
|  |  | <b>BIRTHDATE</b>   |                                   |  |  |

**INSTRUCTIONS TO EXAMINING VETERINARIAN:**

When performing a Bull Breeding Soundness Evaluation, Part A and Part B must be completed.

|   |  |                              |                           |  |  |
|---|--|------------------------------|---------------------------|--|--|
| <b>B. Semen Examination</b> (To be completed in conjunction with Part A)  |  |                              |                           |  |  |
| 9. <input type="checkbox"/> All items below are normal unless otherwise indicated.  |  |                              |                           |  |  |
| <input type="checkbox"/> Accessory Sex Glands <input type="checkbox"/> Inguinal Rings <input type="checkbox"/> Penis <input type="checkbox"/> Prepuce <input type="checkbox"/> Scrotum <input type="checkbox"/> Scrotal Shape <input type="checkbox"/> Testicles <input type="checkbox"/> Epididymides  |  |                              |                           |  |  |
| 10. Scrotal Circumference: _____ (in cm) <input type="checkbox"/> Above Average <input type="checkbox"/> Average +/- 1cm <input type="checkbox"/> Below Average <input type="checkbox"/> Below Minimum  |  |                              |                           |  |  |
| <b>Semen Quality</b>  |  | <b>% Sperm Abnormalities</b> |                           | <b>Collection Method:</b>  |  |
| Volume  |  |                              | Head                      | <input type="checkbox"/> EE <input type="checkbox"/> AV <input type="checkbox"/> Massage |  |
| Density   |  |                              | Midpiece                  | <b>Response:</b>   |  |
| Gross Motility  |  |                              | Principal Piece           | <input type="checkbox"/> No Protrusion <input type="checkbox"/> Protrusion               |  |
| Individual Motility   |  |                              | Droplets                  | % <b>Normal</b>  |  |
| Staining Alive %  |  |                              | Acrosome                  |  |  |
| <b>Semen Characteristics</b>  |  |                              | Detached Heads (Normal)   |  |  |
| Motility <input type="checkbox"/> Pass <input type="checkbox"/> Fail  |  |                              | Detached Heads (Abnormal) |  |  |
| Morphology <input type="checkbox"/> Pass <input type="checkbox"/> Fail  |  |                              |                           |  |  |
| <b>Comments:</b>  |  |                              |                           |  |  |
| <b>Classification:</b> The results of this bull evaluation should in no way be used as a legal document certifying or condemning fertility. Rather it is an evaluation guide to utilize the knowledge we currently have to discourage use of potentially inefficient sires. To the best of my knowledge, the result of this evaluation indicate that the potential breeding capacity of this bull is: |  |                              |                           |  |  |
| <input type="checkbox"/> <b>DEFERRED</b> <input type="checkbox"/> <b>QUESTIONABLE</b> <input type="checkbox"/> <b>UNSATISFACTORY</b> <input type="checkbox"/> <b>SATISFACTORY</b>   |  |                              |                           |  |  |

I hereby certify that I have examined the above identifiable animal and have found it to be of the health Condition and age stated and verified by the above questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.

\_\_\_\_\_ **Date of Examination**

\_\_\_\_\_ **Veterinarian Signature**

\_\_\_\_\_ **Date**

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