

**EQUINE INSURANCE CENTER**

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**STALLION BREEDING SOUNDNESS EXAM**

STALLION NAME \_\_\_\_\_ AGE \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

Physical Breeding Condition: \_\_\_\_\_

<b>External Genital Examination:</b> Method(s) Used ___ Palpation ___ Ultrasound ___ Other _____		
	YES	NO
Testicles of normal dimension and consistency and fully descended into scrotom?	_____	_____
Penis and prepuce appear normal and free of any sores, infection, tumors or injury?	_____	_____
Detail any abnormal findings: _____		

Breeding Method: \_\_\_\_\_ Artificial Insemination \_\_\_\_\_ Live Cover \_\_\_\_\_ Both \_\_\_\_\_ \*Pasture Breeding? Y / N  
\*(Note: ASD Coverage not available on pasture breeding stallions without prior company approval.)

<b>Behavior and Breeding Ability:</b> Rate on a scale of 1 to 5. 1 being excellent and 5 being poor	
Temperament/Ease of Handling: _____	Libido _____
Erection: _____	Mounting: _____
Intromission: _____	Ejaculation: _____
Detail any abnormal findings or poor scores: _____	

Has a Semen Evaluation been done? \_\_\_\_\_ If so, attach summary report of findings.

Has the stallion received any drugs, nsaid, or anabolic or other steroids in the past year? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Any comments or concerns?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number