



JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

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www.justininsurance.com

BULL/STEER VETERINARY LIVESTOCK EXAM

Cattle being examined for insurance should be unloaded from the trailer and moved about in a large enough area to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to exposure to contagious disease. This certificate should be completed by the examining Veterinarian to the best of his ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

I, _____, do hereby certify that I am a graduate veterinarian holding current license as such to practice in the State of _____ State Lic. # _____ and that I have examined the following animal.

Owner's Name: _____ Animal's Name/ID: _____

Location of Exam: _____

Color: _____ Brand: _____ Sex: _____ Age: _____

Person who has care, custody, and control: _____

GENERAL EXAM

- 1. Is the herd free of Brucellosis? Yes () No ()
- 2. Animal appears in good condition? Yes () No ()
- 3. Respiration normal? Yes () No ()
- 4. Signs of lameness or incoordination? Yes () No ()
- 5. Exposed to any infectious disease? Yes () No ()
- 6. Signs of fever or illness? Yes () No ()

COMPLETE FOR BULL

- 1. Genitals appear healthy and normal? Yes () No ()
- 2. Testicles of normal dimension and consistency and fully descended into scrotum? Yes () No ()
- 3. Penis and prepuce appear normal and free of any sores, infection, tumors or injury? Yes () No ()
- 4. Details of any abnormal findings: _____

Breeding Method: AI () Live Cover () Both ()

Number of cows bred last year: _____ Number Conceived: _____

Number of straws of semen frozen/ stored: _____

Location and Date last collected: _____

BEHAVIOR AND BREEDING ABILITY: Rate on a scale of 1 to 5 (1 is excellent and 5 is poor)

Temperament/ Ease of Handling: _____ Libido: _____ Erection: _____

Ejaculation: _____ Mounting: _____ Intromission: _____

Give details on any abnormal findings or poor scores: _____

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

Has the bull received any drugs, NSAIDS, anabolic, or other steroids in the past year? _____ If yes, please give details: _____

knowledge the animal is kept in good conditions, free of infectious disease and there are no signs of any conditions that would prevent this animal from being insured. There is no evidence of previous injury, lameness or prior surgery and I have ascertained that the animal has not been ill or injured during the past twelve months. Please note any exceptions:

Examination Date & Time	Signature of Veterinarian	D.V.M.
Address	City	State
Office Phone Number	State License Number	Zip

Veterinary Certificates are not acceptable unless completed within 10 days prior to being received in our office.