



JUSTIN INSURANCE

EQUINE AND RANCH SPECIALISTS

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STALLION BREEDING SOUNDNESS EXAM

INSURED NAME:	POLICY NUMBER:
STALLION'S NAME:	AGE:
	BREED:
	COLOR:

Physical Breeding Condition: _____

EXTERNAL GENITAL EXAMINATION:

Method(s) used: Palpation: _____ Ultrasound: _____ Other: _____

Testicles of normal dimension and consistency and fully descended into scrotum? Yes () No ()

Penis and prepuce appear normal and free of any sores, infection, tumors, or injury? Yes () No ()

Detail any abnormal findings: _____

BREEDING METHOD:

Artificial Insemination: _____ Live Cover: _____ Both: _____ Pasture Breeding: Yes () No ()

* Note: AS&D Fertility Coverage is not available on pasture breeding stallions without prior Company approval.

BEHAVIOR AND BREEDING ABILITY (Rate on a scale of 1 to 5; 1 being excellent and 5 being poor.)

Ejaculation: _____

Libido: _____

Erection: _____

Intromission: _____

Mounting: _____

Temperament/Ease of Handling: _____

Detail any abnormal findings or poor scores: _____

Has semen evaluation been done? _____ If so, attach summary report of findings.

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

Comments or Concerns: _____

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.