CANINE BREEDING SOUNDNESS EVALUATION
Guidelines Established by the Society for Theriogenology
761 Tiger Oak Drive, Pike Road, AL 36064-3063 • (334) 395-4666

AKC Reg #/Other ID # ____________________________ Exam Date: ____________________________
Call Name: ____________________________ Registered Name: ____________________________
Client Name: ____________________________ Address: __________________________________________
Breed: ____________________________ Color: ____________________________ Date of Birth: ___________

HISTORY
Reason for evaluation: ________________________________________________________________
Date of last litter: _____________ Brucellosis test: positive/negative Date of test: _____________ Test used: ____________________________
Infertile relatives: ____________________________

PHYSICAL EXAMINATION
Body condition: ____________________________ Weight: __________________ pounds/kilograms
Pertinent health problems: ______________________________________________________________
Penis/Prepuce: ____________________________ Scrotum: ____________________________
Prostate: ____________________________ Epididymides: (R) __________________ (L) ____________________________
Testes Width: (R) __________________ (L) __________________ Spermatic cords: ____________________________
Testes Consistency: (R) __________________ (L) __________________ Masses/fluid/pain/other: ____________________________

SEmen COLLECTION & EVALUATION
Libido/Ease of collection: Poor / Fair / Good / Excellent Teaser bitch present: Yes/No Stage of cycle: ____________________________

<table>
<thead>
<tr>
<th></th>
<th>Color</th>
<th>Volume (ml)</th>
<th>Concentration (sperm/ml)</th>
<th>Total Sperm/Ejaculate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraction 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraction 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraction 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Motile Spermatozoa: _______% Progressively Motile Spermatozoa: _______% Speed/velocity of motility: 0-5

Morphology: Stain(s) utilized: ________________________________________________________________
% Normal: ____________________________ Number Cells Counted: 100/200
Head defects (%): ____________________________
Midpiece defects (%): ____________________________
Tail defects (%): ____________________________
Other defects (%): ____________________________

Longevity: Extender(s) used: ____________________________ Diluent rate: ____________________________
Motility: 24 hours ______ 48 hours ______
Cytology: Fraction(s) evaluated: ____________________________ Stain(s) utilized: ____________________________
Presence of RBC, WBC, Epithelial cells, Bacteria, Germ cells (0 – 4+): ____________________________

CONCLUSIONS / COMMENTS / INTERPRETATION
Signed: ____________________________ Clinic Name: ____________________________
(Member – Society for Theriogenology) Address: ______________________________________________

Copyright 2016 Society for Theriogenology – FOR USE OF MEMBERS ONLY