



Bull Breeding Soundness Evaluation

Guidelines Established by Society for Theriogenology
P.O. Box 2118, Hastings, NE 68902-2118
Phone (402) 463-0392 FAX (402) 461-4103

Owner: TJ Hollingsworth Case No. _____ Date: 4/5/2024
 Address: 187 S Co Rd 224 Bull Name: 026 Breed: Sim Ang X
Cheyenne Wyo Zip 82009 I.D. No: 840003220719222 Brand Tattoo Ear Tag
 Telephone: (307) 421-4548 Birth Date: _____ Age (Mo): 2yr

History: Previous BSE _____ Date: _____ Case No. _____ Classification: _____

Wyo Tick Tag 83 Tick TST - 40146 (neg test 4/5/24)

Physical Examination		Semen Examination	
Body Condition Score _____ Thin <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input checked="" type="checkbox"/> Obese <input type="checkbox"/> Beef 1,2,3,4,5,6,7,8,9 Pelvic Ht _____ Width _____ Area _____ Dairy 1,2,3,4,5	Collection Method: EE <input checked="" type="checkbox"/> AV <input type="checkbox"/> Massage <input checked="" type="checkbox"/> Response: Erection <input checked="" type="checkbox"/> Protrusion <input checked="" type="checkbox"/> Ejaculation <input checked="" type="checkbox"/>		
Feet/Legs <input type="checkbox"/>	Semen Characteristics	Ejaculate 1	Ejaculate 2
Eyes <input type="checkbox"/>	Motility Gross _____ (or) _____ Individual (%) _____	90	
Vesicular Glands <input type="checkbox"/>	% Normal Cells	90	
Ampullae / Prostate <input type="checkbox"/>	% Primary Abnormalities	410	
Inguinal Rings <input type="checkbox"/>	% Secondary Abnormalities	410	
Penis / Prepuce <input type="checkbox"/>	WBC, RBC, Other	0	
Testes / Spermatic Cord <input type="checkbox"/>			
Epididymides <input type="checkbox"/>			
Scrotum (Shape) <input checked="" type="checkbox"/>			
Other <u>36</u>			

SCROTAL CIRCUMFERENCE (CM) 36

This bull has been examined for physical soundness and quality of semen only. Unless otherwise noted, no diagnostic tests were undertaken for libido, mating ability or infectious disease status of this bull.

Remarks and Interpretation (Diagnosis, prognosis, recommendations)

CLASSIFICATION
 Interpretation of data resulting from this examination would indicate, that on this date, this bull is a:

- Satisfactory potential breeder
- Unsatisfactory potential breeder
- Classification Deferred

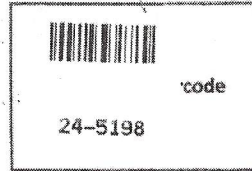
Re-examination recommended on Date _____

Signed: TJ Hollingsworth
 Member-Society for Theriogenology

Clinic Name: _____

Lab Use Only	
Date/Time Received:	4/9/24 1000
Carrier: <u>Merit</u>	Condition: <u>W/ED</u>
# of Samples: <u>1</u>	Initials: <u>BB</u>
Tube type: RTI <u>Plastic</u> Glass / Other:	

WYOMING LIVESTOCK BOARD
TRICHOMONIASIS TEST RECORD
 1934 Wyatt Drive
 Cheyenne, WY 82002
 (307) 777-7515



BBA

Veterinarian Tom G. Dawson DVM
 Clinic Be State Vet
 Address PO Box 3013
 City Cheyenne State Wyo Zip 82003
 Phone _____ Cell 307-631-4594
 Vet Signature: [Signature]

Owner Name TJ Hollingsworth
 Address 1875 Co Rd 224
 City Cheyenne State Wyo Zip 82009
 Phone _____ Cell 307-421-4548
 County Laramie

Reason for Test: <input type="checkbox"/> Management <input checked="" type="checkbox"/> Change of ownership <input type="checkbox"/> Interstate movement <input type="checkbox"/> Other: _____ _____ 1st _____ 2nd	Sample Collection Date <u>4/6/2024</u> Have bulls been sexually rested for at least 30 days? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Samples are submitted in which media? <input checked="" type="checkbox"/> LRS (lactated ringer's solution) <input type="checkbox"/> PBS (phosphate buffered saline) <input type="checkbox"/> Diamond's media <input type="checkbox"/> TF Transit Tubes
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Test Requested: <input type="checkbox"/> POOL SAMPLES AT THE LAB					
Tube ID	Official ID Tag #	WY Trich Tag #	Management Tag #	Species/Breed	Results
1	<u>840003220719222</u>	<u>40196</u>	<u>036</u>	<u>Sim Angus</u>	<u>Negative</u>
2					
3					
4					
5					
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14					
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21					

4/10/24
KOS