

DROUGHTMASTER SUMMARY BBSE CERTIFICATE

Veterinarian Details

Vet Business Address



Phone

Mobile

Email

Veterinarian

VENDOR DETAILS (AS REGISTERED WITH DROUGHTMASTER AUSTRALIA)

Stud Prefix

Address

Herd Code

Phone

Mobile

Email

This report was compiled for the use of the Vendor and the Droughtmaster Society, and is valid only when signed by the evaluating veterinarian and the bull's owner or agent.

Sale: Roma Droughtmaster Bull Sale 2021

Place of examination

Date

| Lot No. | Ident No. | Dentition* | Scrotal Size | Physical (✓ or Q) | Semen Motility (✓ or Q) | Semen Morphology (✓ or Q) | |
|---------|-----------|------------|--------------|----------------------|-------------------------------|---------------------------------|----------|
| | | | | | | Optional | |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |
| | | | | | Evaluation | Evaluation | % Normal |

*defined as the number of permanent incisor teeth that have erupted

I hereby certify that information included in this report is in full accordance with the standards for evaluation and reporting bull breeding soundness as publish by the Australian Cattle Vets

Veterinarian: _____ **Sign:** _____

I hereby certify that there has been no medical or surgical intervention of congenital abnormalities of the listed bulls(s), whether genetic or not, to enable the aforementioned standards to be met.

Owner/Agent: _____ **Sign:** _____