

## Bison Semen Evaluation Form

Eastern Bison Association  
10685 Buffalo Road  
Greenwood, DE 19950  
302-270-1780 302-349-5324 Fax

This form **must accompany the Health Papers** and is to be used for Yearling Bulls and 2 Year Old Bulls attending the EBA Show & Sale. A bull must be tested on or after November 1, 2011. This information is **required** to enter Yearling and/or 2-Year-Old Bulls into the Show & Sale. **Failure to provide this information will disqualify an animal from the Show & Sale.**

Owners: \_\_\_\_\_

Ranch: \_\_\_\_\_

Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Examination Date: \_\_\_\_\_

Bull Name: \_\_\_\_\_ EBA Ear Tag No.: \_\_\_\_\_

\_\_\_\_\_

Ranch Ear Tag No: \_\_\_\_\_ Brucellosis Metal Test Tag No.: \_\_\_\_\_

\_\_\_\_\_

SCROTAL CIRCUMFERENCE MEASUREMENT \_\_\_\_\_

MORPHOLOGY SCORE \_\_\_\_\_

EBA minimum morphology score allowed (70%)

Motility Score \_\_\_\_\_

EBA minimum motility score allowed (30%)

Classification: Interpretation of data resulting from this examination would indicate, to the best of my knowledge, that this bison bull is in satisfactory physical condition, has satisfactory semen

quality, and would be a satisfactory potential breeding bull. Unless otherwise indicated below this bison bull has been examined only for physical soundness and quality semen. No special diagnostic tests were made for possible venereal disease or other infection.

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*Signature of Veterinarian*

*Veterinarian Name (please print)*

Address:

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City/State: \_\_\_\_\_ Zip/Postal Code:

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Phone: \_\_\_\_\_ Fax:

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Remarks:

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