



**QUESTIONNAIRE FOR A VETERINARY SURGEON EXAMINING
A HORSE FOR STALLION FIRST SEASON INSURANCE**

Notes for the attending Veterinary Surgeon

The purpose of this examination is to assist insurers in assessing the potential of the proposed stallion to achieve satisfactory fertility in his first season at stud. It is not a substitute for a general health examination which will also be required by insurers.

The views and results expressed in this veterinary examination may be used by insurers to agree the maximum number of coverings the stallion should be asked to perform, both per day and per week, in the first two months of the breeding season or until the stallion's fertility is satisfactorily demonstrated.

Insurers recognise that some of the questions may be difficult or impossible to answer because of the horse's temperament or other factors. In such cases please simply record the words "NOT POSSIBLE" and if you consider it helpful or relevant to potential insurers, state the reason why.

Please provide full details on any answer to the questions below that would reasonably require qualification. If more space is necessary please use the reverse of this form or attach a further sheet as appropriate.

NAME OF PROPOSED STALLION:

SIRE:

DAM:

YEAR OF BIRTH:

1. Scrotum

On Inspection and Palpation:

- (i) Have both testicles descended fully
And are they in anatomically normal position?
(If NO please provide details)

- (ii) Is symmetry normal?

Are there any skin lesions?

2. Testicles

On palpation and measurement by ultrasonography:

- (i) Does the consistency of the testicles correspond with the age and sexual use of the horse to date?

Left: Right:

- (ii) Is there any evidence of fibrosis, calcification, haematomas, infection or injury? Note any abnormalities.

Left: Right:

- (iii) Dimensions (cms):

Total Scrotal Width:

Length, height and width

Left: Right:

3. Prepuce

Your comments upon inspection and palpation

- (i) Penis not-erect
(ii) Penis erect
(iii) -any lesions?
-any discharge?

4. Penis

Your comments on the penis, either erect or not erect.

- (i) -any lesions?
-any discharge?
(ii) On palpation
-any swelling?
-any pain?
-any heat?

5. Libido

Was he disinterested/interested/enthusiastic?

6. General

- (i) Are the results of the CBC and inflammatory profile (including fibrinogen, total serum protein, albumin and globulin) within normal ranges?
- (ii) After enquiry, please list any drugs the horse has received and the medical conditions that they were prescribed for whilst under the current management and/or during his racing career other than routine anthelmintics and vaccinations
- (iii) A blood sample is to be collected and stored for a period of 3 months for forensic analysis at insurers' discretion. Additionally, the veterinary surgeon should collect a plasma sample for the estimation of male hormone levels (testosterone and oestrogen).

A blood sample should also be collected and tested for antibodies for Equine Viral Arteritis.

Bacterial swabs of the urethra, urethral fossa and sheath must be submitted for laboratory analysis and the results recorded.

- (iv) After enquiry, please list any anabolic agents, antigastric ulcer medication, fertility influencing medication or substances that the horse has received.
- (v) After enquiry, has the horse suffered from a febrile illness during the past six months?
- (vi) After enquiry has a sample of blood, hair or semen been submitted by any person to a laboratory for investigation of genetic defects affecting fertility?
- (vii) Is the general bodily condition of the horse reasonable?
- (viii) Does the horse have a masculine appearance?
- (ix) After enquiry has the horse been tested for the presence of the FKBP6 gene? If yes, what is the result?
- (x) After enquiry do you know if it is intended that the horse will be tested for the presence of the FKBP6 gene? If yes, the result must be made known to insurers.

7. Any other observations you may consider as relevant in assisting insurers' assessment of the proposed stallions suitability for stallion first season insurance (if none please write NONE)

Name of Veterinary Surgeon:

Date of Inspection:

Signature of Veterinary Surgeon:

Place of Inspection: