**National Bison Association’s Gold Trophy Show and Sale**

**Bison Semen Evaluation Form**

This form must accompany the health certificate for all Yearling Bulls and 2 Year Old Bulls consigned to the NBA’s Gold Trophy Show & Sale (GTSS). Testing must occur on or after **October 22, 2021**. Failure to provide this information on arrival will disqualify the animal from the GTSS event.

Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

 Morphology Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (GTSS minimum morphology score allowed =70%)

 Motility Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (GTSS minimum motility score allowed = 30%)

Scrotal Circumference Measurement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 of semen. No special diagnostic tests were made for possible venereal disease or other infection.

Additional remarks:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Veterinarian Veterinarian name (please print)

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip/Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach this form to the animal’s Health Certificate**