

Johne Dobbs Equine Insurance
PO Box 140
Tuscola, IL 61953

800/353-2388 phone

217/253-3850 fax

**Stallion infertility
For Accident, Sickness, and Disease
Supplement Application**

Named of Insured: _____ Phone # _____
Address: _____
Name of Horse: _____ Breed: _____ DOB: _____
Registration Number: _____ Current Value: _____ Insured Value: _____

Dates of beginning and ending of service season	
Stud fee this season / fee last season	
Is stud fee on "no foal – no fee" basis?	
Is service live cover or AI?	
Number of mares bred last full season	
Number of mares settled*	
Number of foals born	
Amount actually earned in last full season	
Amount actually earned in current season to date	
Bookings of remainder of current season	
Bookings for next season	

**AS&D Coverage is not available for stallions in their first breeding season.*

I understand and agree that the policy to be issued shall be founded upon the statements contained herein and prior policy information and this statement shall be the basis of the contract and if anything be falsely stated, or information withheld, to influence the Company's decision, the insurance shall be null and void.

Signature of owner(s) of above named animal

Date

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Stallion Breeding Soundness Exam

Stallion Name _____ Age _____ Breed _____ Color _____

Physical Breeding Condition: _____

External Genital Examination		
Method(s) used: _____	Palpation _____	Ultrasound _____ Other _____
Testicles of normal dimension and consistency and fully descended into scrotum?	Y	N
Penis and prepuce appear normal and free of any sores, infection, tumors, or injury?	Y	N
Detail any abnormal findings: _____		

Breeding Method: ___ Artificial Insemination ___ Live Cover ___ Both ___ *Pasture Breeding Y/N
*Note: ASD coverage not available on pasture breeding stallions without prior company approval.

Behavior and Breeding Ability: Rate on a scale of 1 to 5. 1 being excellent and 5 being poor	
Temperament/Ease of Handling: _____	Libido: _____
Erection: _____	Mounting: _____
Intromission: _____	Ejaculation: _____
Detail any abnormal findings or poor scores: _____	

Has semen evaluation been done? _____ If so, attach summary report of findings.

Has the stallion received any drugs, nsoids, anabolic or other steroids in the past year? _____
if yes, please explain: _____

Any comments or concerns? _____

Signature of Veterinarian

Date of Exam

Address

phone number

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Semen Evaluation Sheet

Stallion _____ Date _____

Location: _____

Ejaculate _____ Time _____ Collector _____

Gel Volume _____ Concentration _____

Gel-Free (Volume) _____ Total Sperm _____

Total Volume _____ Number of mounts _____

Motility (%) _____ 0 Hr _____ 1 Hr _____ Sexual Behavior _____

Extended _____

Raw _____

pH (Gel Free) _____

Cultures: U _____ S _____ P _____ Exc () Good () Fair () Poor ()

Morphology Slide(s) _____ Processed By _____

Remarks _____

Ejaculate _____ Time _____ Collector _____

Gel Volume _____ Concentration _____

Gel-Free (Volume) _____ Total Sperm _____

Total Volume _____ Number of mounts _____

Motility (%) _____ 0 Hr _____ 1 Hr _____ Sexual Behavior _____

Extended _____

Raw _____

pH (Gel Free) _____

Cultures: U _____ S _____ P _____ Exc () Good () Fair () Poor ()

Morphology Slide(s) _____ Processed By _____

Remarks _____
