

# SUSSEX CATTLE SOCIETY

## VETERINARY INSPECTION FOR BULL REGISTRATION 2025

<b>EAR TAG No:</b>	<b>DATE of BIRTH:</b>		
The Bull must be examined with regards to the following criteria:		Indicate as appropriate	
		<b>YES</b>	<b>NO</b>
<b>GENERAL HEALTH</b> – is the bull in good health to the best of your knowledge on date of inspection			
<b>MOUTH/JAW SETTING</b> - Correct dentition, do the teeth make proper contact with the dental pad of the upper jaw?			
<b>EYES</b> – is there any evidence of cataract or microphthalmia?			
<b>HEART</b> – are there any signs of heart damage/failure to function correctly?			
<b>LUNGS</b> - are there any signs of lung damage/failure to function correctly?			
<b>LEGS</b> – are there any signs of abnormal positioning or gait?			
<b>FEET</b> – are there any signs of abnormal positioning or badly formed/cracked hooves			
<b>TESTICLES</b> – are the testicles of equal size with normal conformation and consistency for this age of bull?			
<b>SCROTAL MEASUREMENT – MANDATORY</b> Measurement in centimetres of the circumference of the testicles at the widest part of the scrotum is:		cms	
<b>DNA TESTING</b> : a sample of hair is to be pulled from the tail of the bull being inspected and inserted in the sample collector provided			
The bull was found free from clinical signs of infectious and contagious disease and of hereditary and congenital conditions like to affect its use as a breeding bull			
<b>I confirm that I have examined the Sussex Bull and that it has passed/failed examination as indicated.</b>			
<b>Veterinary Practice Name &amp; Address:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Remarks:</b>			