

# MACHO INFERTILITY RECORD SHEET

Owner:		Date of exam:
Place of exam:		Date of birth/age:
IAR tag:	Name/ear tag:	Colour:
Reason for examination:		
Reproductive history	Bred on farm / purchased from _____ on date: _____	
Yard or paddock mating?	Date of 1st mating:	Date 1st pregnancy:
Total # matings:	Total number pregnancies:	Libido: good / moderate / poor
Physical examination:	Demeanour/TPR/other:	BCS:
Palpation prepuce/penis/scrotum/testes: symmetry / swellings / skin health		
	<b>Left testis</b>	<b>Right testis</b>
<b>Testicular palpation:</b>	Firmness: Resilience:	Firmness: Resilience:
<b>Testicular ultrasound:</b>	Length:  Width:  Echogenicity:	Length:  Width:  Echogenicity:
<b>Trial mating:</b> <b>Penis exam:</b>	Normal mounting: yes / no Normal intromission: yes / no	Mating duration: _____ mins
<b>Semen analysis:</b>	<b>Method of semen collection: post-mating sample / artificial vagina / EEJ</b>	
<b>Semen volume (mL):</b>	<b>Semen colour:</b>	<b>Semen viscosity (mm):</b>
<b>Sperm motility:</b>	Live / Dead count: (nigrosin/eosin stain)	Sperm concentration: _____ x 10 <sup>6</sup>
<b>Sperm morphology:</b>	% normal: % head defects:	% midpiece defects: % tail defects:
	Presence of RBC: yes / no	Presence of WBC: yes / no
<b>Other tests:</b> testicular biopsy / testosterone assay / GnRH-response test / laparoscopy / serology / cytogenetics		
<b>Comments:</b>		
<b>Diagnosis:</b>		
<b>Treatment plan:</b>		