



Equine Spermatozoal Morphology Report Large Animal Medicine & Surgery

	SR # _____
Referring Veterinarian _____	Owner _____
Address _____	Address _____
_____	_____
_____	_____
Telephone _____	Telephone _____
Fax _____	Fax _____
Animal ID _____	Breed/Age _____
History _____	
Date Received _____ Date Reported _____	

	Collection Date			
Morphologic Parameter				
% Normal				
% Abnormal Heads				
% Abnormal Acrosomes				
% Tailless Heads				
% Proximal Droplets				
% Distal Droplets				
% Abnormal Midpieces				
% Bent Midpieces				
% Bent Tails				
% Coiled Tails				
% Premature Germ Cells				
Other Abnormalities				

Comments _____