



Mail-In Equine Spermatozoal Morphology Evaluation

Veterinarian: _____	Owner: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Stallion I.D.: _____	SR#: _____
History	Age/Breed: _____
_____	_____
Date received: _____	Date reported: _____

Morphologic Parameter	Date of semen collection					
% Normal						
% Abnormal heads						
% Abnormal acrosomes						
% Detached heads						
% Proximal droplets						
% Distal droplets						
% Abnormal midpieces						
% Bent midpieces						
% Bent tails						
% Coiled tails						
% Premature germ cells						

Comments:
