



# TEXAS LONGHORN

Breeders Association of America

www.tlbaa.org

## AI CERTIFICATION

To have a bull AI certified, you must submit the AI Certification request form along with the proper fees to the TLBAA Office. Your health certificate should contain the following test results: tuberculosis, brucellosis, venereal trichomoniasis, vibriosis and leptospirosis (the TLBAA must have copies of all results). In addition, we recommend testing for the following: IBRIBVD/PI3, Leukemia, Blue Tongue and Johne's Disease.

**Step 1** Return the following to the TLBAA office to begin AI Certification.

- AI Certification request form
- Payment of \$150.00 (AI Certification \$100 + DNA Parent Verification \$50)

**Step 2** Parent Verification

- Order your testing samples supplies from [order.igenity.com](http://order.igenity.com)
- Parent Verification Forms can be found on the TLBAA website: [www.tlbaa.org](http://www.tlbaa.org) under the FORMS tab. (International breeders please select the International specific forms.)
- Submit a request for DNA for Parent Verification form to [dnaservices@tlbaa.org](mailto:dnaservices@tlbaa.org).
- Once your order details are received, mail testing sample as directed.

**Step 3** The following work must be completed and sent to the TLBAA.

- Breeding soundness and health evaluation form
- Health certificate including disease test results
- Mail results to the TLBAA office for inclusion in the bull's file
- Photo suitable for publication in the Trails magazine

Upon receipt of all work required for certification, the bull will be presented to the Board of Directors for approval at the next scheduled meeting. If the animal is approved, you will receive an AI Certificate with the animal's assigned TLBAA AI number.



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## REQUEST FOR ARTIFICIAL INSEMINATION CERTIFICATION

(Please type or print)

I hereby wish to AI certify \_\_\_\_\_ (Register Name of Bull) \_\_\_\_\_ (TLBAA No.)

\_\_\_\_\_ (Calving Date) \_\_\_\_\_ (Private Herd No.) \_\_\_\_\_ (Brand) \_\_\_\_\_ (Name of Breeder)

\_\_\_\_\_ (Name of Bull's Dam) \_\_\_\_\_ (Dam TLBAA No.) \_\_\_\_\_ (Name of Bull's Sire) \_\_\_\_\_ (Sire TLBAA No.)

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(Name and Address of Ranch/ AI Station where Bull is Located)

I have observed no genetic defects in any progeny from this bull, and I will adhere to all the rules and regulations of the TLBAA concerning the collection, processing, storage, selling and distribution of semen.

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Owner's Name and Address

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Date)

Payment of \$150.00 must accompany this form



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## BREEDING SOUNDNESS AND HEALTH EVALUATION

(To be accompanied by a Health Certificate)

\_\_\_\_\_  
(Registered Name of Bull)

\_\_\_\_\_  
(TLBAA No.)

\_\_\_\_\_  
(Owner's Name)

\_\_\_\_\_  
(Owner's Address)

### 1. Physical Condition

- a. Body condition rating       Thin    Moderate    Good    Obese
- b. Penis / Prepuce               Normal    Abnormal
- c. Scrotum                         Good    Fair    Poor      Circumference \_\_\_\_\_ cm
- d. Testicles / Spermatic Cord    Normal    Abnormal

### 2. Semen Quality

- a. Collection method             EE    AV    Massage
- b. Response                       Protrusion    Erection    Ejaculation
- c. Motility Score                 Good    Fair    Poor
- d. Morphology                  \_\_\_\_\_ % Normal

### 3. Required Health Tests

- Tuberculosis    Brucellosis    Venereal Trichomoniasis  
 Vibriosis       Leptospirosis

### 4. Recommended Tests

- IBR/BVD/PI3    Leukemia    Blue Tongue    Johne's Disease

### 5. Overall Breeding Evaluation

- Very Good    Good    Fair    Poor

Copies of results on all Required Health Tests must be submitted to the TLBAA Office.

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date



# REQUEST FOR PARENT VERIFICATION DNA TEST

***If Animal is not registered, it MUST be recorded with the TLBAA Registration Office***

Name: \_\_\_\_\_ Membership # \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***Name and Registration Number of Animal Parentage Being Verified:***

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Private Herd Number: \_\_\_\_\_  
Color: \_\_\_\_\_

SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample  
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

### ***SIRE(S) IN QUESTION***

#### **Sire #1**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample

#### **Sire #2**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample  
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

### ***DAM(S) IN QUESTION***

#### **Dam #1**

Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample

#### **Dam #2**

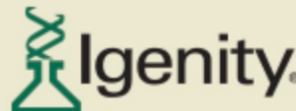
Name: \_\_\_\_\_ Registration # \_\_\_\_\_  
 SNP  STR Barcode ID: \_\_\_\_\_ Sample Type:  Hair  Blood  Tissue Sample  
BARCODE ID NUMBERS LOCATED ON INDIVIDUAL SAMPLE CONTAINER

\$4 FEE ON ALL HAIR SAMPLES

Testing Samples MUST be sent to Neogen with an Order Detail Page provided by [dnaservices@tlbaa.org](mailto:dnaservices@tlbaa.org). Samples sent in without an Order Detail Page may not be identified properly and may result in increased wait time.

TEST SAMPLES MUST BE MAILED TO NEOGEN. **DO NOT SEND TEST SAMPLES TO TLBAA.**

Neogen Geneseek Operations  
4131 North 48th St.  
Lincoln, NE 68504



ALL TESTING SAMPLE SUPPLIES MUST BE PURCHASED THROUGH [www.order.igenity.com](http://www.order.igenity.com)