

Examination report - Surrogate mare

I, Dr. EVELINE VAN HOVE, declares to have examined the surrogate mare written

Name surrogate mare :	Jolyflore Black
nr Optimus:	152
In foal of (stallion x dam) :	Chacco Blue x Tiara M
Date of implantation:	6/06/2023
Chip number receptor mare:	250258500232312
Owner receptor mare:	Optimus Agro nv
Place (address) of receptor mare :	Mollentstraat 47b, 2520 Broechem, Belgium

1. What is the nutritional condition, general appearance and skin ?

.....GOOD.....

2. Does the mare breath normal? Is there spontaneous coughing ? Is there nasal discharge?

.....NORMAL.....

3. Are there any signs which indicate a bad or normal digestion?

.....NO.....

4. What is the heart rate at rest and after exercise?

.....R: 44/min E: 82/min.....

5. Are there any abnormalities to the external genitals? If yes, what kind?

.....1.....

6. Are there any other signs or / and remarks that must be indicated?
If yes, please describe below.

.....1.....

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 6/10/23

Date: 6/10/23
Place: BROECHEM
Name: _____
Signature: _____

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