Examination report - Surrogate mare

Signature:

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Name surrogate mare : Envieuse d'Axion nr Optimus: 53 In foal of (stallion x dam): Stakkato x Jillonse DH Date of inplantation: 7/04/2023 Chip number receptor mare: 250259806140096 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? 490 2. Does the mare breath normal? Is there spontanous coughing? Is there nasal discharge? 3. Are there any signs which indicate a bad or normal digestion? 4. What is the heart rate at rest and after exercise? R: 48/11. 5. Are there any abnormaltities to the external genitals? If yes, what kind? 6. Are there any other signs or / and remarks that must be indicated? If yes, please discribe below. The undersigned declares, having controlled the above mare on gestation through 6110123 Date: Place: Name:

I, Dr. EVELINE.....AN...HOWE......, declares to have examined the surrogate mare written