

Examination report - Surrogate mare

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

Name surrogate mare :	Illusion Du Fosse
nr Optimus:	106
In foal of (stallion x dam) :	Excelsior Optimus x Cristel
Date of implantation:	10/04/2023
Chip number receptor mare:	250259806261223
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: 78/min

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

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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:

Dr. Eveline VAN HOVE

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