

# Examination report - Surrogate mare

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

Name surrogate mare : Geskibel  
nr Optimus: 100  
In foal of (stallion x dam ): Pegase vh R x Go Ahead  
Date of implantation: 16/08/2022  
Chip number receptor mare: 250259806144564  
Owner receptor mare: Optimus Agro nv  
Place (address) of receptor ma 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?

...../.....

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

.....R 44/min E 72/min.....

5. Are there any abnormalities 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 ultrasound on date of 8/10/22.....

Date: 8/10/22.....

Place: BROECHEM.....

Name: EVELINE VAN HOVE.....

Signature: .....

Dr. Eveline VAN HOVE  
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