Examination report - Surrogate mare

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

Name surrogate mare : Idylle Foufret
nr Optimus: **149**
In foal of (stallion x dam): Colestus x Anita du Park
Date of inplantation: 5/06/2026
Chip number receptor mare: 250259806244572
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 spontanous coughing ? Is there nasal discharge?

.....NORMAL.....

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

.....I.....

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

.....R: 48/min E: 72/min.....

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

.....I.....

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

.....I.....

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of .....22/01/2026.....

Date: ...22.1.01.2026..

Place: .BROECHEN.....

Name: EVELINE...VAN.HOVE

Signature: .....

Dr. Eveline Van Hove
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