

# Examination report - Surrogate mare

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

Name surrogate mare : Ile Caline  
nr Optimus: 150  
In foal of (stallion x dam ): Ermitage Kalone x Cristel  
Date of implantation: 1/06/2025  
Chip number receptor mare: 250258500203251  
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?

..... NO .....

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

..... R: 48/min E: 62/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 15.1.25.....

Date: 15.1.25.....

Place: BROECHEM.....

Name: EVELINE VAN HOE

Signature:   
Dr. Eveline van Hoe  
Broechem 60  
2200 Morkhoven  
0476392027  
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