Examination report - Surrogate mare

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

Name surrogate mare :	**Umbertha**	**date birth:**	2/06/2020
nr Optimus:	**168**		
In foal of (stallion x dam):	Heartbreaker x Cristel		
Date of inplantation:			
Chip number receptor mare:	981100004684387		
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?

...../.....

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

.....R: 44/min E: 78/min.....

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 ultrasound on date of .....29/01/2026.....

Date: .....29/01/2026....

Place: ....BROECHEM.....

Name: ..EVELINE....VAN HOVE

Signature: .....

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