Examination report - mare

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

Name mare : IRIS M

In foal of : EXCELSIOR OPTIMUS
Date of insemination: 3/08/2026
Chip number mare: 528210002980340
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?

.....NO.....

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

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

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

.....1.....

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

.....1.....

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of ....18/10/2026.....

Date: ..18/10/2026.....

Place: ..BROECHEM.....

Name: ..EVELINE..VAN..HOVE

Signature: .....

Dr. Eveline Van Hove
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