Examination report - mare

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

Name mare : SIGNORA OPTIMA

In foal of : EXCELSIOR OPTIMUS
Date of insemination: 14/08/2026
Chip number mare: 981100004523077
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?

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

ATAXIE HIND LEGS

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 19/10/2026

Date: 19/10/2026
Place: BROECHEM
Name: EVELINE VAN HOVE
Signature:

Dr. Eveline Van Hove
Broekhoven 60
2200 Morkhoven
0476392027
N3972