Examination report - Surrogate mare

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

Name surrogate mare : Hexcellencia
nr Optimus: **147**
In foal of (stallion x dam): Toulon x Cacacha van het Schaeck
Date of inplantation: 21/07/2026
Chip number receptor mare: 250259806173794
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 I min E: 72 I 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 ...22/10/2026.....

Date: ...22/10/2026

Place: ..BROECHEM.....

Name: ..EVELINE VAN HOVE

Signature: .....

Dr. Eveline Van Hove
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