Examination report - Surrogate mare

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

Name surrogate mare :	Hermione Spirit
nr Optimus:	**101**
In foal of (stallion x dam):	United Touch x Cacacha van het Schaeck
Date of inplantation:	18/07/2026
Chip number receptor mare:	250259806218537
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?

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

R: 48/min E: 82/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.

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The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 20.10.2026

Date: 20.10.2026

Place: BROECHEM

Name: EVELINE VAN HOVE

Signature:

Dr. Eveline Van Hove
Broekhoven 60
2200 Morkhoven
0476392027
N3972