Examination report - Surrogate mare

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

Name surrogate mare :	Eve de la Lagune
nr Optimus:	**44**
In foal of (stallion x dam):	United Touch x Cristel
Date of inplantation:	12/06/2026
Chip number receptor mare:	250259806123259
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 : 48 / min E : 72 / 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 ...22/01/2026.....

Date: ..22/01/2026...

Place: ...BROECHEM.....

Name: .EVELINE VAN HOVE

Signature: .....

Dr. Eveline Van Hove
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