

# Examination report - Surrogate mare

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

Name surrogate mare : Dova Tivoli  
nr Optimus: 23  
In foal of (stallion x dam ): Stakkato x Jillonse DH  
Date of implantation: 14/06/2022  
Chip number receptor mare: 250258500089868  
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 spontaneous coughing ? Is there nasal discharge?

NORMAL.....

3. Are there any signs which indicate a bad or normal digestion?

1.....

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

n: 48/min E 78/min.....

5. Are there any abnormalities 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 describe below.

1.....

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 28/8/22.....

Date: 6/10/22.....

Place: BROECHEM.....

Name: EVELINE VAN HOVE

Signature: .....

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