

# Examination report - Surrogate mare

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

Name surrogate mare : Emy Box  
nr Optimus: 42  
In foal of (stallion x dam ): Emerald x Gazelle de la Pomme  
Date of implantation: 17/04/2022  
Chip number receptor mare: 250258709009224  
Owner receptor mare: Optimus Agro nv  
Place (address) of receptor mare : 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?

1

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

R: 44/min E: 72/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 discribe below.

1

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 22/9/22

Date: 6/10/22

Place: BROECHEM

Name: EVELINE VAN HOVE

Signature: .....

Dr. Eveline VAN HOVE  
Broekhoven 60  
2209 Morkhoven  
0476 39 20 27