

Examination report - Surrogate mare

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

Name surrogate mare : Firenze
nr Optimus: 8
In foal of (stallion x dam): Mosito van het Hellehof x Nefertiti Optima
Date of implantation: 29/08/2022
Chip number receptor mare: 981100000956646
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 spontaneous coughing ? Is there nasal discharge?

NORMAL.....

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

R: 44/min / E 78/min.....

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

R: 44/min E 78/min.....

5. Are there any abnormalities to the external genitals? If yes, what kind?

/.....

6. Are there any other signs or / and remarks that must be indicated?

If yes, please describe below.

/.....

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. Evelyne VAN HOVE
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2520 Broechem
476 39 20 27