

Examination report - Surrogate mare

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

Name surrogate mare : Hemma de Nice
nr Optimus: 95
In foal of (stallion x dam): Chacco Blue x Lady Optima
Date of inplantation: 16/06/2022
Chip number receptor mare: 250258500181205
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: 44/min E: 72/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 discribe below.

/

The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 30/9/22.....

Date: 6/10/22
Place: BROECHEM
Name: EVELINE VAN HOVE
Signature:

Dr. Eveline VAN HOVE
Broekhoven 60
2200 Munkhove
476 39 20 27