

# Examination report - Surrogate mare

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

Name surrogate mare : Everina Li  
nr Optimus: 47  
In foal of (stallion x dam ): Balou du Reveton x Cristel  
Date of implantation: 19/07/2025  
Chip number receptor mare: 250259806128322  
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?

..... NO .....

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

..... R: 48/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 15.10.25

Date: 15.10.25

Place: BROECHEM

Name: EVELINE VAN HOVE

Signature: 

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