

# Examination report - Surrogate mare

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

Name surrogate mare :	Illusion Du Fosse
nr Optimus:	106
In foal of (stallion x dam ):	Diamant de Semilly x Cacacha van het Schaeck
Date of implantation:	10/04/2024
Chip number receptor mare:	250259806261223
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?

/

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?

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

If yes, please describe below.

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The undersigned declares, having controlled the above mare on gestation through ultrasound on date of 27/09/2024

Date: 27/09/2024

Place: BROECHEM

Name: EVELINE VAN HOVE

Signature: .....

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