

Examination report - Surrogate mare

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

| | |
|-----------------------------------|-------------------------------------------|
| Name surrogate mare : | 40 |
| nr Optimus: | Extase du Meleuc |
| In foal of (stallion x dam): | Ermitage Kalone x Cacacha van het Schaeck |
| Date of implantation: | 5/07/2024 |
| Chip number receptor mare: | 250259806095855 |
| 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?

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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:

Dr. Eveline VAN HOVE
Broechem 60
2200
476 39 20 27
Van Hove