Examination report - Surrogate mare

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

Name surrogate mare :	Ravenna
nr Optimus:	**103**
In foal of (stallion x dam):	Ermitage Kalone x Cacacha van het Schaeck
Date of inplantation:	9/03/2025
Chip number receptor mare:	981100004440698
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?

.....NO.....

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

.....R: 48/min E: 60/min.....

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

.....I.....

6. Are there any other signs or / and remarks that must be indicated?
If yes, please discribe below.

.....I.....

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: ....I.....

Dr. Eveline Van Hove
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