

# Examination report - Surrogate mare

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

Name surrogate mare : Etiennette  
nr Optimus: 41  
In foal of (stallion x dam ): Ermitage Kalone x Cristel  
Date of implantation: 25/06/2025  
Chip number receptor mare: 250258500099679  
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: 44/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 discribe 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:   
**Dr. Eveline Van Hove**  
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