

Examination report - Surrogate mare

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

Name surrogate mare :	Gladys du Cebe
nr Optimus:	78
In foal of (stallion x dam):	Excelsior Optimus x Anita du Park
Date of implantation:	23/08/2024
Chip number receptor mare:	250258500168064
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?

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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 discribe below.

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The undersigned declares, having controlled the above mare on gestation through ultrasound on date of27.09.2024.....

Date:27.09.2024.....

Place:BROECHEM.....

Name:EVELINE VAN HOVE.....

Signature:

Dr. Eveline VAN HOVE
Broekhoven 60
Van Hove
2200 Morkhoven
0476 39 20 27