

OWNER: Audrey Steelman  
 ADDRESS (Street & No., City, Zip Code):  
 Animal Registered Name: Ironhill Paradox at Blackfork  
 Breed/Variety: Labrador Retriever yellow Coat color/type: Permanent ID#: SR161637309



Art J. Quinn, DVM, DACVO  
 210 Cedar Lane  
 Diamond Head  
 Sand Springs, OK 74063

57

For litters, add number.

| REGISTRATION NO. |   |   |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|---|---|
| 5                | 8 | 1 | 5 | 4 | 3 | 7 | 3 | 0 | 9 |   |   |
| 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2                | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3                | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4                | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5                | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6                | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7                | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8                | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9                | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| A                | A | A | A | A | A | A | A | A | A | A | A |
| B                | B | B | B | B | B | B | B | B | B | B | B |
| C                | C | C | C | C | C | C | C | C | C | C | C |
| D                | D | D | D | D | D | D | D | D | D | D | D |
| E                | E | E | E | E | E | E | E | E | E | E | E |
| F                | F | F | F | F | F | F | F | F | F | F | F |
| G                | G | G | G | G | G | G | G | G | G | G | G |
| H                | H | H | H | H | H | H | H | H | H | H | H |
| I                | I | I | I | I | I | I | I | I | I | I | I |
| J                | J | J | J | J | J | J | J | J | J | J | J |
| K                | K | K | K | K | K | K | K | K | K | K | K |
| L                | L | L | L | L | L | L | L | L | L | L | L |
| M                | M | M | M | M | M | M | M | M | M | M | M |
| N                | N | N | N | N | N | N | N | N | N | N | N |
| O                | O | O | O | O | O | O | O | O | O | O | O |
| P                | P | P | P | P | P | P | P | P | P | P | P |
| Q                | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q |
| R                | R | R | R | R | R | R | R | R | R | R | R |
| S                | S | S | S | S | S | S | S | S | S | S | S |
| T                | T | T | T | T | T | T | T | T | T | T | T |
| U                | U | U | U | U | U | U | U | U | U | U | U |
| V                | V | V | V | V | V | V | V | V | V | V | V |
| W                | W | W | W | W | W | W | W | W | W | W | W |
| X                | X | X | X | X | X | X | X | X | X | X | X |
| Y                | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Z                | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z |

"I hereby declare that the animal submitted for exam is the animal described above. Furthermore, I declare I am the owner or agent of the owner of this animal."  
 Signature: [Signature]

PRESS FIRMLY.  
 FILL COMPLETELY.  
 SEX  
 Male  Female

BIRTH DATE  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec  
 DAY YEAR

EXAM DATE  
 Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec  
 DAY YEAR

FOR CERF USE ONLY

| BREED | COLOR |
|-------|-------|
| A     | 1     |
| B     | 2     |
| C     | 3     |
| D     | 4     |
| E     | 5     |
| F     | 6     |
| G     | 7     |
| H     | 8     |
| I     | 9     |
| J     | 0     |
| K     | 1     |
| L     | 2     |
| M     | 3     |
| N     | 4     |
| O     | 5     |
| P     | 6     |
| Q     | 7     |
| R     | 8     |
| S     | 9     |
| T     | 0     |
| U     | 1     |
| V     | 2     |
| W     | 3     |
| X     | 4     |
| Y     | 5     |
| Z     | 6     |

630998  
 DO NOT MARK IN THIS AREA

| RIGHT EYE                | GLOBE   | LEFT EYE                 |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | microphthalmos  | <input type="checkbox"/> |
| <input type="checkbox"/> | dry eye   | <input type="checkbox"/> |
| <input type="checkbox"/> | glaucoma  | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>EYELIDS</b>  | <input type="checkbox"/> |
| <input type="checkbox"/> | entropion   | <input type="checkbox"/> |
| <input type="checkbox"/> | ectropion   | <input type="checkbox"/> |
| <input type="checkbox"/> | distichiasis  | <input type="checkbox"/> |
| <input type="checkbox"/> | ectopic cilia   | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>THIRD EYELID</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> | cartilage anomaly/eversion                                    | <input type="checkbox"/> |
| <input type="checkbox"/> | gland prolapse  | <input type="checkbox"/> |
| <input type="checkbox"/> | plasmoma/atypical pannus                                      | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>CORNEA</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> | dystrophy -- epithelial/stromal                               | <input type="checkbox"/> |
| <input type="checkbox"/> | dystrophy -- endothelial                                      | <input type="checkbox"/> |
| <input type="checkbox"/> | pannus  | <input type="checkbox"/> |
| <input type="checkbox"/> | exposure/pigmentary keratitis                                 | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>UVEA</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> | iris/ciliary body cyst  | <input type="checkbox"/> |
| <input type="checkbox"/> | iris coloboma   | <input type="checkbox"/> |
| <input type="checkbox"/> | iris hypoplasia/sphincter dysplasia                           | <input type="checkbox"/> |
| <input type="checkbox"/> | pigmentary uveitis  | <input type="checkbox"/> |
| <input type="checkbox"/> | uveal melanoma  | <input type="checkbox"/> |
| <input type="checkbox"/> | persistent pupillary membranes                                | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>LENS</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> | Diff. Inter. Punc.  | <input type="checkbox"/> |
| <input type="checkbox"/> | anterior cortex   | <input type="checkbox"/> |
| <input type="checkbox"/> | posterior cortex  | <input type="checkbox"/> |
| <input type="checkbox"/> | equatorial cortex   | <input type="checkbox"/> |
| <input type="checkbox"/> | anterior sutures  | <input type="checkbox"/> |
| <input type="checkbox"/> | posterior sutures   | <input type="checkbox"/> |
| <input type="checkbox"/> | nucleus   | <input type="checkbox"/> |
| <input type="checkbox"/> | capsular  | <input type="checkbox"/> |
| <input type="checkbox"/> | generalized   | <input type="checkbox"/> |
| <input type="checkbox"/> | significance of above cataract unknown (describe in comments) | <input type="checkbox"/> |
| <input type="checkbox"/> | subluxation/luxation  | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>VITREOUS</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> | PHPV/PTVL   | <input type="checkbox"/> |
| <input type="checkbox"/> | degeneration  | <input type="checkbox"/> |

| RIGHT EYE   | FUNDUS   | LEFT EYE                            |
|---|--|-------------------------------------|
| <input type="checkbox"/>  | retinal atrophy -- generalized   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | retinal dysplasia  | <input type="checkbox"/>            |
| <input type="checkbox"/>  | retinopathy  | <input type="checkbox"/>            |
| <input type="checkbox"/>  | choroidal hypoplasia   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | staphyloma/coloboma  | <input type="checkbox"/>            |
| <input type="checkbox"/>  | retinal detachment   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | optic nerve coloboma   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | optic nerve hypoplasia   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | micropapilla   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | <b>OTHER UNLISTED CONDITIONS</b>   | <input type="checkbox"/>            |
| <input type="checkbox"/>  | suspected as inherited. Describe in comments.                                      | <input type="checkbox"/>            |
| <input type="checkbox"/>  | <b>OTHER</b> conditions suspected as not inherited                                 | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/>   | <b>NORMAL</b>  | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>  | <b>DUPLICATE FORM</b>  | <input type="checkbox"/>            |
| <input type="checkbox"/>  | This dog's microchip has been scanned and matches the number provided on the form. | <input type="checkbox"/>            |
| I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy. |  |                                     |
| Signature   | Date   |                                     |
| <u>Art J. Quinn</u>   | <u>02-18-12</u>  |                                     |
| Diplomate, American College of Veterinary Ophthalmologists  |  |                                     |

COMMENTS

ACVO #

|   |   |   |
|---|---|---|
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

\*Please note to ensure proper registration this original owner's copy must be mailed directly to CERF\*

## Exercise Induced Collapse DNA Test

Case Number: 37770

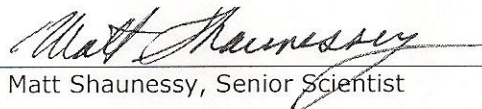
Owner: Audry Steelman

### Canine Information

DNA ID Number: **66123**  
Call Name: **Palmer**  
Sex: **Male**  
Birthdate: **06/19/2011**  
Breed: **Labrador Retriever**  
Coat Color: **Yellow**  
Registered Name: **Iron Hill's Paradox At Blackfork**  
Registration Number: **SR69637309**  
Microchip/Tattoo: **OA01683530**

Report Date: 08/02/2012

DNA Result: **Clear (2 copies of the normal allele)**

  
Matt Shaunessy, Senior Scientist