

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S TAKING A CHANCE ON RED MOON
registered name

SR73713001
registration no.

LABRADOR RETRIEVER
breed

M
sex

2/3/2012
date of birth

981020005212732
tattoo/microchip/DNA profile

37
age at evaluation in months



A Not-For-Profit Organization

1654037
application number

LR-209473G37M-VPI
O.F.A. NUMBER

3/20/2015
date of report

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

RESULTS:

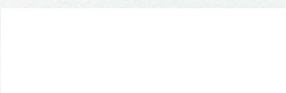
Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

GOOD

G.G. Keller DVM

G.G.KELLER, D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

owner



www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S TAKING A CHANCE ON RED MOON
registered name

SR73713001
registration no.

LABRADOR RETRIEVER
breed

M
sex

2/3/2012
date of birth

0A01302536
tattoo/microchip/DNA profile

25
age at evaluation in months



A Not-For-Profit Organization

1654037
application number

LR-EL63612M25-VPI
O.F.A. NUMBER

6/30/2014
date of report

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

NORMAL

G.G. Keller DVM

G.G.KELLER, D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

owner



www.offa.org





Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Registered name: **Blackfort's Taking A Chance On Red Moon**

Breed: **Labrador yellow** Sex: **M**

ID Number (if any): Tattoo Microchip
OA01302536

Registration Number: AKC Other
SR73713001

Date of Birth: **020312** Date of Exam: **042418**

Owner Name: **Andy Steelman**

E-Mail (use both lines if needed):
18

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below, which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

OFA Eye Clearance Database

- Initial submission..... \$12.00
- Resubmits:..... \$ 8.00
- Litter of 3 or more submitted together..... \$30.00
- Kennel Rate - Minimum of 5 individuals submitted as a group, owned/co-owned by same person..... \$ 7.50
- Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

To pay by Credit Card, see the back of the WHITE sheet.



340671

WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomate copy

Ophthalmologist Name: **Dr. Art J. Quinn EC057**

Ophthalmologist Code: _____

City: **210 Cedar Lane**

Phone: **Sand Springs, OK 74063**

Email: _____

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
EYELIDS		
<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"/>	imperforate lacrimal punctum	<input type="checkbox"/>
NICTITANS		
<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"/>
CORNEA		
<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"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
UVEA		
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>
persistent pupillary membranes		
LENS		
<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/complete	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
suspect not inherited		
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
degeneration		

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
retinal dysplasia		
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<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"/>
OTHER CONDITIONS		
<input type="checkbox"/>	Unlisted conditions suspected as inherited . Describe in comments	
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	

NORMAL

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: **Art J. Quinn** ACVO # **57** Date **04-24-18**

Diplomate, American College of Veterinary Ophthalmologists

Comments



AMERICAN KENNEL CLUB®

March 6, 2015

AUDRY STEELMAN

Letter of DNA Analysis

Breed: Labrador Retriever

DNA Profile #: V748394

Sex: Male

Date of Birth: 03-FEB-2012

ID #: 0A01302536

Date of Analysis: 27-JAN-2015

AKC #: SR73713001

AKC Name: Blackfork Taking A Chance On Red Moon

Owner(s): Audry Steelman

The following genotype uniquely represents the Neogen Corporation genetic identity of the dog named herein:

Neogen #: C0886036

C	E	I	J	B	C	E	F	E	E	F	J	C	D	C	D	B	C	C	C	I	I	B	B	E	F	X	Y
PEZ 1		PEZ 3		PEZ 5		PEZ 6		PEZ 8		PEZ 12		PEZ 20	UCB 2010	UCB 2054	UCB 2079	PEZ 16	PEZ 17	PEZ 21	GEN								

Glenn E. Lycan

Glenn E. Lycan, Director of DNA Operations
American Kennel Club

Stewart Bauck

Stewart Bauck, General Manager GeneSeek
Neogen Corporation



DNA Certificate Order Form



DR1AA

AKC Name: Blackfork Taking A Chance On Red Moon

AKC #: SR73713001 DNA Profile #: V748394

Owner(s): Audry Steelman

Number of DNA certificates _____ @ \$10 each = \$ _____ total amount included

Mail order form to _____

Check or money order MasterCard Visa AmEx

AKC DNA Operations
PO Box 900065
Raleigh NC 27675-9065

Account Number: _____ Exp. Date: _____

Name on Card: _____

ODNA08



Centronuclear Myopathy DNA Test

Case Number: 71065

Owner: Audry Steelman

Canine Information

DNA ID Number: **108407**

Call Name: **Chance**

Sex: **Male**

Birthdate: **02/03/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Taking A Chance On Red Moon**

Registration Number: **SR73713001**

Microchip/Tattoo: **0A01302536**

Report Date: 1/7/2016

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


Matt Shaunessy, Senior Scientist



Hereditary Nasal Parakeratosis DNA Test

Case Number: 71064

Owner: Audry Steelman

Canine Information

DNA ID Number: **108407**

Call Name: **Chance**

Sex: **Male**

Birthdate: **02/03/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Taking A Chance On Red Moon**

Registration Number: **SR73713001**

Microchip/Tattoo: **0A01302536**

Report Date: 1/7/2016

DNA Result: **Carrier (1 normal allele/1 HNPK mutation)**


Matt Shaunessy, Senior Scientist

Exercise Induced Collapse DNA Test

Case Number: 35479

Owner: Kandi J Steinle

Canine Information

DNA ID Number: **61373**

Call Name: **Annie Pup Yellow CHANCE**

Sex: **Male**

Birthdate: **02/06/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name:

Registration Number:

Microchip/Tattoo:

Report Date: 03/22/2012

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



Matt Shaunessy, Senior Scientist