

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S LET THE STORM RAGE ON  
*registered name*

SR83582901  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

6/13/2014  
*date of birth*

0A02344345  
*tattoo/microchip/DNA profile*

28  
*age at evaluation in months*



A Not-For-Profit Organization

1777519  
*application number*

LR-223487G28F-VPI  
*O.F.A. NUMBER*

11/2/2016  
*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

owner



*G.G. Keller DVM*

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

www.offa.org

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A Not-For-Profit Organization

1777519  
*application number*

LR-EL75157F28-VPI  
*O.F.A. NUMBER*

11/2/2016  
*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

owner



*G.G. Keller DVM*

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

www.offa.org



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

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

# Companion Animal Eye Registry (CAER)

EISA

Registered name: Blackforks Let the Storm Rage On  
 Breed: Yel Lab Sex: F

ID Number (if any):  Tattoo  Microchip  
0A02344345

Registration Number:  AKC  Other  
SR83582901

Date of Birth: 001314 Date of Exam: 042418

Owner/Co-owner Name: Andy Steelman  
 Co-Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail (use both lines if needed):  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public.

[Signature]  
 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 ea.
- 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.

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"/>
<b>EYELIDS</b>		
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<b>CORNEA</b>		
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
<b>NICTITANS</b>		
<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"/>
<b>CORNEA</b>		
<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"/>
<b>UVEA</b>		
<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"/>
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
<b>LENS</b>		
<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"/>
<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<b>VITREOUS</b>		
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_  
 Dr. Art J. Quinn EC057  
 210 Cedar Lane  
 Sand Springs, OK 74063  
 postal code: \_\_\_\_\_

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"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

**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: A.J. Quinn ACVO # 5704-24-18 Date: \_\_\_\_\_

Diplomate, American College of Veterinary Ophthalmologists  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Exercise Induced Collapse DNA Test

Case Number: 83336

Owner: Audry Steelman

### Canine Information

DNA ID Number: **124724**

Call Name: **Elsa**

Sex: **Female**

Birthdate: **06/13/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Let The Storm Rage On**

Registration Number: **SR83582901**

Microchip/Tattoo: **0A02344345**

Report Date: 11/15/2016

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.

  
Matt Shaunessy, Senior Scientist



## Hereditary Nasal Parakeratosis DNA Test

Case Number: 83337

Owner: Audry Steelman

### Canine Information

DNA ID Number: **124724**

Call Name: **Elsa**

Sex: **Female**

Birthdate: **06/13/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Let The Storm Rage On**

Registration Number: **SR83582901**

Microchip/Tattoo: **0A02344345**

Report Date: 11/15/2016

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.

  
Matt Shaunessy, Senior Scientist



## PRA-prcd DNA Test

Case Number: 83335

Owner: Audry Steelman

### Canine Information

DNA ID Number: **124724**

Call Name: **Elsa**

Sex: **Female**

Birthdate: **06/13/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Let The Storm Rage On**

Registration Number: **SR83582901**

Microchip/Tattoo: **0A02344345**

Report Date: 11/15/2016

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.

  
Matt Shaunessy, Senior Scientist