

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S THE VOYAGE HOME  
*registered name*

SR88731503  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

7/8/2015  
*date of birth*

900164001170377  
*tattoo/microchip/DNA profile*

27  
*age at evaluation in months*



A Not-For-Profit Organization

1846614  
*application number*

LR-230914G27F-VPI  
*O.F.A. NUMBER*

1/4/2018  
*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, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S THE VOYAGE HOME  
*registered name*

SR88731503  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

7/8/2015  
*date of birth*

900164001170377  
*tattoo/microchip/DNA profile*

27  
*age at evaluation in months*



A Not-For-Profit Organization

1846614  
*application number*

LR-EL81595F27-VPI  
*O.F.A. NUMBER*

1/4/2018  
*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, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.ofa.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

Registered name: Blackford's The Voyage Name  
 Breed: Yee Lab Sex: F  
 ID Number (if any):  Tattoo  Microchip  
900164001170377  
 Registration Number:  AKC  Other  
5R88731503  
 Date of Birth: 070815 Date of Exam: 042418

Owner Name: Audrey 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, 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]  
 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.



340643

Cherri

## Companion Animal Eye Registry (CAER)

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"/>	
<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"/>	pigmentary keratitis/keratopathy		<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"/>	
<b>OTHER UVEAL CONDITIONS</b>				
<input type="checkbox"/>	persistent pupillary membranes		<input type="checkbox"/>	
<b>LENS</b>				
CATARACT		Incomp. Incip. Punc.	CATARACT	
<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"/>	
<b>OTHER LENS CONDITIONS</b>				
<input type="checkbox"/>	suspect not inherited		<input type="checkbox"/>	
<input type="checkbox"/>	subluxation/luxation		<input type="checkbox"/>	
<b>VITREOUS</b>				
<input type="checkbox"/>	PHPV/PHTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
<input type="checkbox"/>	degeneration		<input type="checkbox"/>	

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"/>	
<b>OTHER FUNDUS CONDITIONS</b>				
<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"/>	

**OTHER CONDITIONS**

Unlisted conditions suspected as **inherited**. Describe in comments \_\_\_\_\_

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: 042418

Diplomate, American College of Veterinary Ophthalmologists

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Exercise Induced Collapse DNA Test

Case Number: 100482

Owner: Audry Steelman

### Canine Information

DNA ID Number: **145833**

Call Name: **Cherri**

Sex: **Female**

Birthdate: **07/08/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's The Voyage Home**

Registration Number: **SR88731503**

Microchip/Tattoo: **900164001170377**

Report Date: 12/8/2017

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: 100483

Owner: Audry Steelman

### Canine Information

DNA ID Number: **145833**

Call Name: **Cherri**

Sex: **Female**

Birthdate: **07/08/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's The Voyage Home**

Registration Number: **SR88731503**

Microchip/Tattoo: **900164001170377**

Report Date: 12/8/2017

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

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: 100481

Owner: Audry Steelman

### Canine Information

DNA ID Number: **145833**

Call Name: **Cherri**

Sex: **Female**

Birthdate: **07/08/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's The Voyage Home**

Registration Number: **SR88731503**

Microchip/Tattoo: **900164001170377**

Report Date: 12/8/2017

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