



BLACKFORK'S HERE YOU COME AGAIN
registered name

SR94303001
registration no.

LABRADOR RETRIEVER
breed

F
sex

900164001357069
tattoo/microchip/DNA profile

6/22/2016
date of birth

1983068
application number

29
age at evaluation in months

12/12/2018
date of report

LR-237326G29F-VPI
O.F.A. NUMBER



A Not-For-Profit Organization

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

AUDRY STEELMAN

G.G. Keller DVM

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S HERE YOU COME AGAIN
registered name

SR94303001
registration no.

LABRADOR RETRIEVER
breed

F
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900164001357069
tattoo/microchip/DNA profile

6/22/2016
date of birth

1983068
application number

29
age at evaluation in months

12/12/2018
date of report

LR-EL87106F29-VPI
O.F.A. NUMBER



A Not-For-Profit Organization

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

AUDRY STEELMAN

G.G. Keller DVM

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

Companion Animal Eye Registry (CAER)

Registered name: Blackfork's Here You Come again
 Breed: Yel Lab Sex: F
 ID Number (if any) Tattoo Microchip
900164001357069
 Registration Number: AKC Other
SR94303001
 Date of Birth: 062216 Date of Exam: 042418
 Owner Name: Andy Stehman
 Co-
 Owl
 City
 E-M.

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

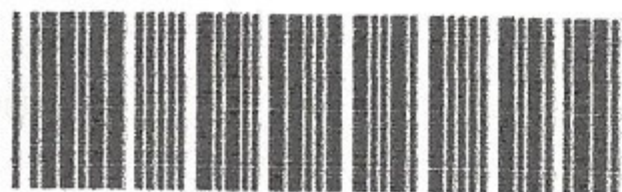
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials)

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.



340654

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

Dolly

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		
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"/>
<input type="checkbox"/> suspect not inherited		
<input type="checkbox"/> subluxation/luxation		
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
degeneration		

Ophthalmologist Name: _____
 City: _____
 Phone: _____
 Email: _____
 Dr. Art J. Quinn EC057
 210 Cedar Lane
 Sand Springs, OK 74063
 il 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"/>
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"/>
<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 # 57 Date: 04-24-18

Diplomate, American College of Veterinary Ophthalmologists

Comments



Exercise Induced Collapse DNA Test

Case Number: 118822

Owner: Audry Steelman

Canine Information

DNA ID Number: **165687**

Call Name: **Dolly**

Sex: **Female**

Birthdate: **06/22/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Here You Come Again**

Registration Number: **SR94303001**

Microchip/Tattoo: **900164001357069**

Report Date: 12/6/2018

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: 118823

Owner: Audry Steelman

Canine Information

DNA ID Number: **165687**

Call Name: **Dolly**

Sex: **Female**

Birthdate: **06/22/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Here You Come Again**

Registration Number: **SR94303001**

Microchip/Tattoo: **900164001357069**

Report Date: 12/6/2018

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: 118824

Owner: Audry Steelman

Canine Information

DNA ID Number: **165687**

Call Name: **Dolly**

Sex: **Female**

Birthdate: **06/22/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Here You Come Again**

Registration Number: **SR94303001**

Microchip/Tattoo: **900164001357069**

Report Date: 12/6/2018

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