

BLACKFORK'S ALLOW ME TO INTRODUCE MYSELF
registered name

LABRADOR RETRIEVER
breed

900164001465737
tattoo/microchip/DNA profile

1983098
application number

12/12/2018
date of report

RESULTS:

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

SR95627001
registration no.

F
sex

10/14/2016
date of birth

25
age at evaluation in months

LR-237328E25F-VPI
O.F.A. NUMBER

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



A Not-For-Profit Organization



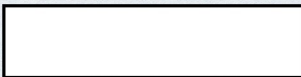
EXCELLENT

G.G. Keller DVM

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

owner

AUDRY STEELMAN



www.ofa.org

BLACKFORK'S ALLOW ME TO INTRODUCE MYSELF
registered name

LABRADOR RETRIEVER
breed

900164001465737
tattoo/microchip/DNA profile

1983098
application number

12/12/2018
date of report

RESULTS:

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

SR95627001
registration no.

F
sex

10/14/2016
date of birth

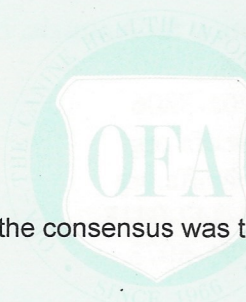
25
age at evaluation in months

LR-EL87108F25-VPI
O.F.A. NUMBER

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



A Not-For-Profit Organization



NORMAL

G.G. Keller DVM

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

owner

AUDRY STEELMAN



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

Registered name: Blackfork's Allamie
 Breed: Yel Lab Sex: F

ID Number (if any): Tattoo Microchip
 9 0 0 1 6 4 0 0 1 4 6 5 7 3 7
 Registration Number: AKC Other
 SR 9 5 6 2 7 0 0 1

Date of Birth: 10/14/16 Date of Exam: 04/24/18

Owner Name: Audrey Steelman
 Co-Owner Name: _____ Phone: _____

Owner Address: _____
 City: _____
 State: _____

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.

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"/>
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"/>
<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"/>
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

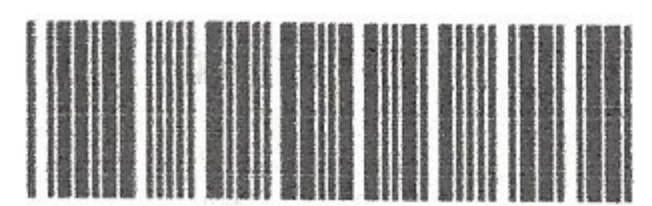
I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog

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

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

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____



340657

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



Exercise Induced Collapse DNA Test

Case Number: 118822

Owner: Audry Steelman

Canine Information

DNA ID Number: **165689**

Call Name: **Jojo**

Sex: **Female**

Birthdate: **10/14/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Allow Me To Introduce Myself**

Registration Number: **SR95627001**

Microchip/Tattoo: **900164001465737**

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: **165689**

Call Name: **Jojo**

Sex: **Female**

Birthdate: **10/14/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Allow Me To Introduce Myself**

Registration Number: **SR95627001**

Microchip/Tattoo: **900164001465737**

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: **165689**

Call Name: **Jojo**

Sex: **Female**

Birthdate: **10/14/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Allow Me To Introduce Myself**

Registration Number: **SR95627001**

Microchip/Tattoo: **900164001465737**

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