

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK SHARP DRESSED MAN FROM LAURKIM
registered name

SR74665602
registration no.

LABRADOR RETRIEVER
breed

M
sex

0A01705845
tattoo/microchip/DNA profile

9/22/2012
date of birth

1659290
application number

24
age at evaluation in months

10/31/2014
date of report

LR-211341E24M-VPI
O.F.A. NUMBER



A Not-For-Profit Organization

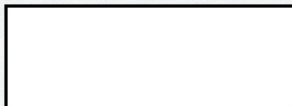
This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

RESULTS:

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

EXCELLENT

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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10/31/2014
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LR-EL65127M24-VPI
O.F.A. NUMBER



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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)

Aedan

Registered name: Blackfork Sharp Dressed
 Breed: Man from Laurkin Sex: M
 ID Number (if any): Tattoo Microchip
DA01705845
 Registration Number: AKC Other
SR74665602
 Date of Birth: 092212 Date of Exam: 042418



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.



340664

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

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"/>
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
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"/>
<input type="checkbox"/>	suspect not inherited	<input type="checkbox"/>
<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"/>

Op: _____
 Op: _____
 Ci: _____
 Pt: _____
 En: _____

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: *[Signature]* ACVO #: 57 Date: 04-24-18

Diplomate, American College of Veterinary Ophthalmologists

Comments



AMERICAN KENNEL CLUB®

February 27, 2015

AUDRY STEELMAN



Letter of DNA Analysis

Breed: Labrador Retriever

Sex: Male

Date of Birth: 22-SEP-2012

ID #: 0A01705845

Date of Analysis: 04-FEB-2015

AKC #: SR74665602

AKC Name: Blackfork Sharp Dressed Man From Laurkim

Owner(s): Audry Steelman

DNA Profile #: V748968

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

Neogen #: C0886598

E	E	E	K	B	D			C	E	F	F	C	E	D	D	A	B	C	C	D	F	B	E	E	E	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 Sharp Dressed Man From Laurkim

AKC #: SR74665602 DNA Profile #: V748968

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: **108408**

Call Name: **Aedan**

Sex: **Male**

Birthdate: **09/22/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Sharp Dressed Man From Laurkim**

Registration Number: **SR74665602**

Microchip/Tattoo: **0A01705845**

Report Date: 1/7/2016

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


Matt Shaunessy, Senior Scientist



Exercise Induced Collapse DNA Test

Case Number: 84634

Owner: Audry Steelman

Canine Information

DNA ID Number: **126366**

Call Name: **Aedan**

Sex: **Male**

Birthdate: **09/22/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork Sharp Dressed Man From Laurkim**

Registration Number: **SR74665602**

Microchip/Tattoo: **0A01705845**

Report Date: 12/20/2016

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: 71064

Owner: Audry Steelman

Canine Information

DNA ID Number: **108408**

Call Name: **Aedan**

Sex: **Male**

Birthdate: **09/22/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Sharp Dressed Man From Laurkim**

Registration Number: **SR74665602**

Microchip/Tattoo: **0A01705845**

Report Date: 1/7/2016

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


Matt Shaunessy, Senior Scientist

Vetgen ID	45273			
Animal Name	Blackfork Sharp Dressed Man from Laurkim - Aedam			
Registration	SR74665602 0A01705845			
Breed	Labrador Retriever	Gender	M	Date of Birth 09/22/2012
Color-Coat	Not Provided	Nose	Not Provided	

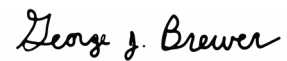
DISEASE TEST RESULTS

<u>Report Number</u>	<u>Report Date</u>	<u>Test</u>	<u>Results</u>
156981	9/13/2019	MCD-Macular Corneal Dystrophy	Clear

This DNA testing is for the mutation typically found to cause the disease in this breed.

Date 09/13/2019

Findings reviewed and approved by:



Dr. George J. Brewer

Within twenty (20) calendar days after receipt of these test results, Customer must notify VetGen in writing of any nonconformity of the testing services, describing the nonconformity in detail, otherwise all testing services and data shall be deemed as accepted by Customer without qualification. Customer's sole and exclusive remedy under VetGen's limited warranty shall be to re-perform the testing at no cost and/or to provide Customer with a full refund for the purchase price of the test. The entire VetGen, LLC Terms and Conditions may be viewed online at <http://www.vetgen.com/about-business.html>.