



BLACKFORK'S PUTTIN ON THE BLITZ
registered name

SR96235302
registration no.

LABRADOR RETRIEVER
breed

F
sex

900164001465755
tattoo/microchip/DNA profile

11/25/2016
date of birth

1983093
application number

24
age at evaluation in months

12/5/2018
date of report



A Not-For-Profit Organization

LR-237206E24F-VPI
O.F.A. NUMBER

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

G.G. Keller, D.V.M.

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

owner

AUDRY STEELMAN



www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



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A Not-For-Profit Organization

LR-EL87009F24-VPI
O.F.A. NUMBER

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.

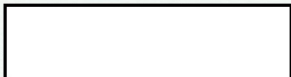
NORMAL

G.G. Keller, D.V.M.

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

Companion Animal Eye Registry (CAER)

Registered name: Blackford's Putting & Shrubbery
 Breed: Yel Lab Sex: F
 ID Number (if any) Tattoo Microchip
900164001465755
 Registration Number: AKC Other
SR 96235302
 Date of Birth: 112516 Date of Exam: 042418
 Owner Name: Audrey Stebbins
 Co-Owner Name: _____ Phone: _____
 Owner Address: _____

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

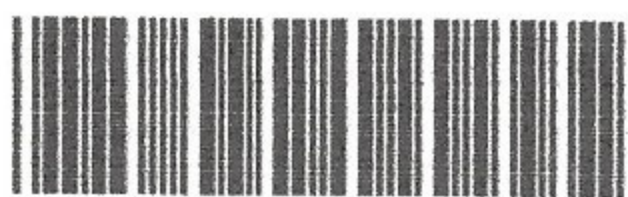
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

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.



340658

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

RIGHT EYE **GLOBE** LEFT EYE

- microphthalmos
- keratoconjunctivitis sicca
- glaucoma

EYELIDS

- entropion
- ectropion
- distichiasis
- ectopic cilia
- imperforate lacrimal punctum

NICTITANS

- cartilage anomaly/eversion
- gland prolapse
- plasmoma/atypical pannus

CORNEA

- dystrophy - epithelial/stromal
- dystrophy - endothelial
- pannus
- pigmentary keratitis/keratopathy

UVEA

- uveal cyst
- iris coloboma
- iris hypoplasia
- iris sphincter dysplasia
- pigmentary uveitis
- uveal melanoma

persistent pupillary membranes

LENS

- | CATARACT | | Incomp. | Incp. | Punc. | Punc. | Incp. | Incomp. | CATARACT | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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suspect not inherited

subluxation/luxation

VITREOUS

- PHPV/PHTVL
- persistent hyaloid artery
- degeneration

Ophthalmologist Name: _____
 City: Dr. Art J. Quinn EC057
 Phone: 210 Cedar Lane
 Email: Sand Springs, OK 74063

RIGHT EYE **FUNDUS** LEFT EYE

- | | | | | | | | | | |
|-------------------------------------|--|--------------------------------|---|--------------------------------|--|-------------------------------------|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> detached | <input type="checkbox"/> retinal detachment <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> retinopathy <input type="checkbox"/> | <input type="checkbox"/> geographic | <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> | <input type="checkbox"/> geographic | <input type="checkbox"/> detached |
| <input type="checkbox"/> geographic | <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> coloboma <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> | <input type="checkbox"/> geographic | <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> | <input type="checkbox"/> geographic | <input type="checkbox"/> detached |
| <input type="checkbox"/> folds | <input type="checkbox"/> micropapilla <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> micropapilla <input type="checkbox"/> | <input type="checkbox"/> folds | <input type="checkbox"/> micropapilla <input type="checkbox"/> | <input type="checkbox"/> geographic | <input type="checkbox"/> micropapilla <input type="checkbox"/> | <input type="checkbox"/> geographic | <input type="checkbox"/> detached |

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: 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: **165690**

Call Name: **Blitz**

Sex: **Female**

Birthdate: **11/25/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Putting On The Blitz**

Registration Number: **SR96235302**

Microchip/Tattoo: **900164001465755**

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: **165690**

Call Name: **Blitz**

Sex: **Female**

Birthdate: **11/25/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Putting On The Blitz**

Registration Number: **SR96235302**

Microchip/Tattoo: **900164001465755**

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: **165690**

Call Name: **Blitz**

Sex: **Female**

Birthdate: **11/25/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Putting On The Blitz**

Registration Number: **SR96235302**

Microchip/Tattoo: **900164001465755**

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

Vetgen ID	45728			
Animal Name	Blackfork's Putting On The Blitz - Blitz			
Registration	SR96235302 900 164 001 465 755			
Breed	Labrador Retriever	Gender	F	Date of Birth 11/25/2016
Color-Coat	Not Provided	Nose	Not Provided	

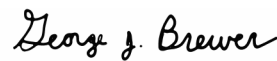
DISEASE TEST RESULTS

<u>Report Number</u>	<u>Report Date</u>	<u>Test</u>	<u>Results</u>
157418	10/3/2019	MCD-Macular Corneal Dystrophy	Clear

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

Date 10/03/2019

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>.