

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S TIMES ARE CHANGING
registered name

SR73715401
registration no.

LABRADOR RETRIEVER
breed

M
sex

6/1/2012
date of birth

0A02107953
tattoo/microchip/DNA profile

24
age at evaluation in months



A Not-For-Profit Organization

1611435
application number

LR-211297G24M-VPI
O.F.A. NUMBER

10/29/2014
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 DVM

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

www.offa.org

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BLACKFORK'S TIMES ARE CHANGING
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SR73715401
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LABRADOR RETRIEVER
breed

M
sex

6/1/2012
date of birth

0A02107953
tattoo/microchip/DNA profile

24
age at evaluation in months



A Not-For-Profit Organization

1611435
application number

LR-EL65085M24-VPI
O.F.A. NUMBER

10/29/2014
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 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.offa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Registered name: Black Forks Times are Changing

Breed: LABRADOR RETRIEVER M Sex: M

ID Number (if any): Tattoo Microchip
0A02107953

Registration Number: AKC Other
SR73715401

Date of Birth: 060112 Date of Exam: 073017

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

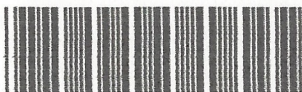
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

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.



396364

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"/>
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"/>
degeneration		

Ophthalmologist Name: _____

Ophthalmologist Address: _____

City: Dr. Michael J. Blair EC218 State: VA Zip/postal code: _____

Phone: Animal Eye Care of Richmond
2861 Huguenot Springs Rd

Email: Midlothian, VA 23113

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 # _____ Date: 7/30/17

Diplomate, American College of Veterinary Ophthalmologists

Comments



Coat Length DNA Test

Case Number: 121733

Owner: Audry Steelman

Canine Information

DNA ID Number: **168918**

Call Name: **Dylan**

Sex: **Male**

Birthdate: **06/01/2012**

Breed: **Labrador Retriever**

Coat Color: **Chocolate**

Registered Name: **Blackfork's Times Are Changing**

Registration Number: **SR73715401**

Microchip/Tattoo: **061621593**

Report Date: 2/14/2019

DNA Result: **Clear (FGF5:c284G>T -/-; those having 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



Degenerative Myelopathy DNA Test

Case Number: 121731

Owner: Audry Steelman

Canine Information

DNA ID Number: **168918**

Call Name: **Dylan**

Sex: **Male**

Birthdate: **06/01/2012**

Breed: **Labrador Retriever**

Coat Color: **Chocolate**

Registered Name: **Blackfork's Times Are Changing**

Registration Number: **SR73715401**

Microchip/Tattoo: **061621593**

Report Date: 2/15/2019

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



| Veterinary

Thank you for choosing DDC Veterinary for your DNA Testing needs. Your official DNA report for each animal listed has already been mailed.

Client: Kandi J Steinle
Case No: 37857
Service Type: Canine Disease
Exercise Induced Collapse DNA Test
Number Tested: 4
Report Date: 08/10/2012

DNA Testing performed by:
DDC Veterinary
One DDC Way
Fairfield, OH 45014
1-800-625-0874
www.vetdnacenter.com

DNA ID	Name/ID	Breed	DNA Result
66297	Red Collar Girl	Labrador Retriever	Carrier (1 normal allele/1 EIC mutation) <i>RED Mom's KONA IT'S ALL ABOUT TAZ, MIA</i>
66298	Yellow Collar Boy	Labrador Retriever	Carrier (1 normal allele/1 EIC mutation)
66299	White Stripe Girl	Labrador Retriever	Carrier (1 normal allele/1 EIC mutation)
66300	Green Male	Labrador Retriever	Clear (2 copies of the normal allele)



Hereditary Nasal Parakeratosis DNA Test

Case Number: 121732

Owner: Audry Steelman

Canine Information

DNA ID Number: **168918**

Call Name: **Dylan**

Sex: **Male**

Birthdate: **06/01/2012**

Breed: **Labrador Retriever**

Coat Color: **Chocolate**

Registered Name: **Blackfork's Times Are Changing**

Registration Number: **SR73715401**

Microchip/Tattoo: **061621593**

Report Date: 2/14/2019

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

Subject: Dylan DNA Test Report October 16, 2012

From: genetest@optigen.com (genetest@optigen.com)

To:

Date: Wednesday, October 17, 2012 10:39 AM

DNA Test Completed October 16, 2012

Registered Name: Blackfork's Times Are Changing
Registration #: SR73715401
Tattoo/Chip #: 061621593
Call Name: Dylan

Breed: Labrador Retriever
Date of Birth: June 01, 2012
Gender: Male

Optigen Accession #: 12-8578

Test Performed: prcd Mutation Test for PRA

Sample Type: Swab

Test Results: Genotype of your dog is NORMAL/CLEAR.

Risk for developing prcd-PRA: This dog will never develop the prcd form of PRA (progressive rod-cone degeneration form of Progressive Retinal Atrophy). So far, the only inherited PRA disease known in dogs of your breed is the prcd form of PRA.

Significance for breeding: Genetically Normal/Clear dogs can be bred to any dog and will produce no pups affected with the prcd form of PRA.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing the prcd form of PRA in Labrador Retrievers as of the date on this report.

For further information, please consult the OptiGen website at www.optigen.com. Note: The use of this test is patent protected and licensed to OptiGen. See http://www.optigen.com/opt9_patent.html for details.

International DNA Based Genetic Database: To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. www.offa.org

Vetgen ID	45277				
Animal Name	Blackfork's Times Are Changing "Dylan"				
Registration	SR73715401 0A02107953				
Breed	Labrador Retriever	Gender	M	Date of Birth	06/01/2012
Color-Coat	Not Provided	Nose	Not Provided		

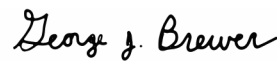
DISEASE TEST RESULTS

<u>Report Number</u>	<u>Report Date</u>	<u>Test</u>	<u>Results</u>
156985	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>.