

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S HOUSE ON FIRE
registered name

SR84001603
registration no.

LABRADOR RETRIEVER
breed

F
sex

8/15/2014
date of birth

900164000654283
tattoo/microchip/DNA profile

29
age at evaluation in months

1766858
application number

LR-224844G29F-VPI
O.F.A. NUMBER

2/1/2017
date of report

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



A Not-For-Profit Organization

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 HOUSE ON FIRE
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SR84001603
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LABRADOR RETRIEVER
breed

F
sex

8/15/2014
date of birth

900164000654283
tattoo/microchip/DNA profile

29
age at evaluation in months

1766858
application number

LR-EL76316F29-VPI
O.F.A. NUMBER

2/1/2017
date of report

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A Not-For-Profit Organization

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: Blackfoot's House On Fire
 Breed: Yel Lab Sex: F
 ID Number (if any): Tattoo Microchip
900164000654283
 Registration Number: AKC Other
SR84001603
 Date of Birth: 081514 Date of Exam: 042418

Signature of owner or authorized agent/representative: [Signature]

Signature of owner or authorized agent/representative

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner 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 ea.
- 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.

6/26/13

165696

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

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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"/>	exposure/pigmentary keratitis	<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"/>
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"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

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"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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

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

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____



Exercise Induced Collapse DNA Test

Case Number: 88313

Owner: Audry Steelman

Canine Information

DNA ID Number: **130786**

Call Name: **Gabby**

Sex: **Female**

Birthdate: **08/15/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's House on Fire**

Registration Number: **SR84001603**

Microchip/Tattoo: **900164000654283**

Report Date: 2/28/2017

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: 88312

Owner: Audry Steelman

Canine Information

DNA ID Number: **130786**

Call Name: **Gabby**

Sex: **Female**

Birthdate: **08/15/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's House on Fire**

Registration Number: **SR84001603**

Microchip/Tattoo: **900164000654283**

Report Date: 2/28/2017

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: 88314

Owner: Audry Steelman

Canine Information

DNA ID Number: **130786**

Call Name: **Gabby**

Sex: **Female**

Birthdate: **08/15/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's House on Fire**

Registration Number: **SR84001603**

Microchip/Tattoo: **900164000654283**

Report Date: 2/28/2017

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	45362			
Animal Name	Blackfork's House on Fire "Gabby"			
Registration	SR84001603 900 164 000 654 283			
Breed	Labrador Retriever	Gender	F	Date of Birth 08/15/2014
Color-Coat	Not Provided	Nose	Not Provided	

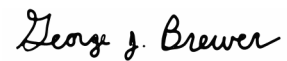
DISEASE TEST RESULTS

<u>Report Number</u>	<u>Report Date</u>	<u>Test</u>	<u>Results</u>
154212	9/13/2019	MCD-Macular Corneal Dystrophy	Carrier

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>.