

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S DON'T WATER DOWN MY WHISKEY  
*registered name*

LABRADOR RETRIEVER  
*breed*

*film/test/lab #*

900111881002066  
*tattoo/microchip/DNA profile*

2031271  
*application number*

07/27/2020  
*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:

SS04965601  
*registration no.*

M  
*sex*

04/01/2018  
*date of birth*

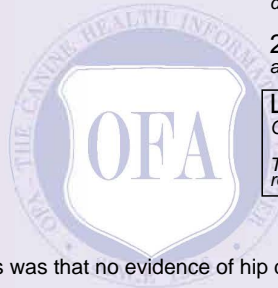
24  
*age at evaluation in months*

LR-248267E24M-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



owner

OFA eCert



Verify certificate  
with QR scan

EXCELLENT

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

[www.ofa.org](http://www.ofa.org)

This electronic OFA certificate was generated on: 07/27/2020

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email [CORRECTIONS@OFFA.ORG](mailto:CORRECTIONS@OFFA.ORG) to request a correction.

Orthopedic Foundation for Animals, Inc.  
2300 E. Nifong Blvd.  
Columbia, MO 65201-3806  
OFA website: [www.ofa.org](http://www.ofa.org)  
E-mail address: [ofa@offa.org](mailto:ofa@offa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S DON'T WATER DOWN MY WHISKEY  
*registered name*

LABRADOR RETRIEVER  
*breed*

*film/test/lab #*

900111881002066  
*tattoo/microchip/DNA profile*

2031271  
*application number*

07/27/2020  
*date of report*

**RESULTS:**

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

SS04965601  
*registration no.*

M  
*sex*

04/01/2018  
*date of birth*

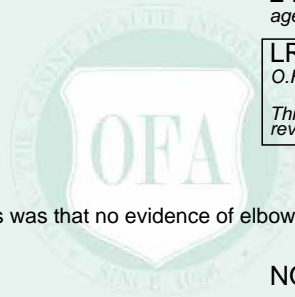
24  
*age at evaluation in months*



A Not-For-Profit Organization

LR-EL97046M24-VPI  
*O.F.A. NUMBER*

*This number issued with the right to correct or  
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NORMAL

owner

OFA eCert



Verify certificate  
with QR scan

*G.G. Keller, DVM*

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

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Phone number: 573-442-0418  
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# Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit  
Organization

BLACKFORK'S DON'T WATER DOWN MY WHISKEY  
registered name

SR04965601  
registration number

LABRADOR RETRIEVER  
breed

M  
sex

4/1/2018  
date of birth

900111881002066  
tattoo/microchip/DNA profile

9  
age at evaluation in months

2031271  
application number

2/4/2019  
date of report

film/case no(s)

Owner

Veterinarian

ADVANCED CARE VETERINARY HOSPITAL  
12226 HEYWOOD HILL RD  
SAPULPA, OK 74066

## RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

\* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

**EXCELLENT HIP JOINT CONFORMATION\***  
superior hip joint conformation as compared with other individuals of the same breed and age

**BORDERLINE HIP JOINT CONFORMATION**  
marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time – **Repeat study in six months**

**GOOD HIP JOINT CONFORMATION\***  
well formed hip joint conformation as compared with other individuals of the same breed and age

**MILD HIP DYSPLASIA**  
radiographic evidence of minor dysplastic changes of the hip joints

**FAIR HIP JOINT CONFORMATION\***  
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age

**MODERATE HIP DYSPLASIA**  
well defined radiographic evidence of dysplastic changes of the hip joints

**SEVERE HIP DYSPLASIA**  
radiographic evidence of marked dysplastic changes of the hip joints

### HIP JOINTS - STANDARD VD VIEW RADIOGRAPHIC FINDINGS

subluxation  
 remodeling of femoral head/neck  
 osteoarthritis/degenerative joint disease  
 shallow acetabula  
 acetabular rim/edge change  
 unilateral pathology  left  right  
 transitional vertebra  
 spondylosis  
 panosteitis  
 other

### ELBOW JOINTS – FLEXED LATERAL VIEW

negative for elbow dysplasia  L  R

### ELBOW DYSPLASIA

Grade I L  R   
Grade II L  R   
Grade III L  R

### RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) L  R   
ununited anconeal process (UAP) L  R   
fragmented coronoid process (FCP) L  R   
osteochondrosis L  R

Consultation by:

*Greg Keller DVM*  
G.G. KELLER/DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES

2300 E Nifong Blvd  
Columbia MO 65201

Tele: (573) 442-0418  
Fax: (573) 875-5073

Email: ofa@ofa.org  
Website: https://www.ofa.org



**Ophthalmic 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)

Liam

Registered name: Blackfork's Don't Water Down My Whiskey  
 Breed: Labrador Sex: Male  
 ID Number (if any):  Tattoo  Microchip  
900111881002066  
 Registration Number:  AKC  Other  
SS04965601  
 Date of Birth (mm/dd/yy): 040118 Date of Exam (mm/dd/yy): 012419  
 Owner Name: Adry Steelman  
 Co-Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail (use both lines if needed):  
blackforklab@yahoo.com

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) \_\_\_\_\_

I DID verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog  
 NO MICROCHIP / TATTOO PRESENT

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

Signature: *[Signature]* ACVO # 507 Date 1-24-19

Diplomate, American College of Veterinary Ophthalmologists

**FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY**



547035

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"/>
<b>EYELIDS</b>		
<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"/>
<b>NICTITANS</b>		
<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"/>
<b>CORNEA</b>		
<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"/>
<b>UVEA</b>		
<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"/>
<b>LENS</b>		
<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"/>
<b>VITREOUS</b>		
<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. Jonathan Pucket EC507  
 Ophthalmologist Address: Oklahoma Veterinary Specialists  
 City: Tulsa, OK State: OK Zip/postal code: \_\_\_\_\_  
 Phone: 918-299-4900 ACVO #: \_\_\_\_\_  
 Email: \_\_\_\_\_

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"/>
<b>retinal dysplasia</b>		
<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"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>	<input type="checkbox"/>

**NORMAL**

Comments

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## Dog Information

**Blackfork's Don't Water Down My Whiskey Male**  
(Liam) SEX  
NAME

**Labrador Retriever** April 1st, 2018  
GENETIC BREED DATE OF BIRTH
















**AKC: SS04965601** n/a  
REGISTRATION MICROCHIP

**Audry Steelman**  
OWNER NAME




**Canine Genetic Health Screen**  
TEST

**December 21st, 2019**  
TEST DATE

## BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	
Centronuclear Myopathy	PTPLA	NN	Clear	
Congenital Macrothrombocytopenia	TUBB1 Exon 1 SNP 745	GG	Clear	
Degenerative Myelopathy, DM	SOD1	GG	Clear	
Exercise-Induced Collapse	DNM1	GG	Clear	
Hereditary Nasal Parakeratosis	SUV39H2	GG	Clear	
Hyperuricosuria and Hyperuricemia or Urolithiasis, HUU	SLC2A9 (Exon 5)	CC	Clear	
Macular Corneal Dystrophy, MCD	CHST6	CC	Clear	
Narcolepsy	HCRTR2	AA	Clear	
Oculoskeletal Dysplasia 1, Dwarfism-Retinal Dysplasia, OSD1	COL9A3 (Exon 1)	NN	Clear	
Progressive Retinal Atrophy, prcd	PRCD Exon 1	GG	Clear	
Pyruvate Kinase Deficiency	PKLR Exon 7 SNP Variant 1	CC	Clear	
Skeletal Dysplasia 2, SD2	COL11A2	GG	Clear	
Achromatopsia	CNGA3 (Exon 7 Deletion)	NN	Clear	
Canine Elliptocytosis	SPTB Exon 30	CC	Clear	
Congenital Myasthenic Syndrome	COLQ (Exon 14)	TT	Clear	

## BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	
Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear	
Myotubular Myopathy 1, X-linked Myotubular Myopathy, XL-MTM	MTM1 (Exon 7)	CY	Clear	
Progressive Retinal Atrophy - crd4/cord1	RPGRIP1 (Exon 2)	NN	Clear	

## Dog Information ✦

**Blackfork's Don't Water Down My Whiskey (Liam)**  
NAME

## TRAIT TESTS (1/2)

Coat Color		RESULT
E Locus (MC1R)	No dark hairs anywhere	ee
K Locus (CBD103)	Not expressed	K <sup>B</sup> K <sup>B</sup>
A Locus (ASIP)	Not expressed	a <sup>+</sup> a <sup>t</sup>
D Locus (MLPH)	Not expressed	DD
B Locus (TYRP1)	Likely black colored nose/feet	BB
Saddle Tan (RALY)	Not expressed	II
M Locus (PMEL)	No merle alleles	mm

Other Coat Traits		RESULT
Furnishings (RSPO2) LINKAGE	Likely unfurnished (no mustache, beard, and/or eyebrows)	II
Coat Length (FGF5)	Likely short or mid-length coat	GG
Shedding (MC5R)	Likely heavy/seasonal shedding	CC
Coat Texture (KRT71)	Likely straight coat	CC
Hairlessness (SGK3)	Very unlikely to be hairless	NN
Hairlessness (FOXI3) LINKAGE	Very unlikely to be hairless	NN
Oculocutaneous Albinism Type 2 (SLC45A2) LINKAGE	Likely not albino	NN

Other Body Features		RESULT
Muzzle Length (BMP3)	Likely medium or long muzzle	CC
Tail Length (T)	Likely normal-length tail	CC

## Dog Information ✦

**Blackfork's Don't Water Down My Whiskey (Liam)**

NAME

## TRAIT TESTS (2/2)

Body Size		RESULT
Body Size (IGF1)	Smaller	II
Body Size (IGFR1)	Larger	GG
Body Size (STC2)	Larger	TT
Body Size (GHR - E191K)	Intermediate	GA
Body Size (GHR - P177L)	Larger	CC

Performance		RESULT
Altitude Adaptation (EPAS1)	Normal altitude tolerance	GG
Appetite (POMC) LINKAGE	Normal food motivation	NN

Genetic Diversity		RESULT
Coefficient Of Inbreeding		22%
MHC Class II - DLA DRB1		No Diversity
MHC Class II - DLA DQA1 and DQB1		Low Diversity



<b>Vetgen ID</b>	45276			
<b>Animal Name</b>	Blackfork's Don't Water Down My Whiskey - Liam			
<b>Registration</b>	SS04965601 900 111 881 002 066			
<b>Breed</b>	Labrador Retriever	<b>Gender</b>	M	<b>Date of Birth</b> 04/01/2018
<b>Color-Coat</b>	Not Provided	<b>Nose</b>	Not Provided	

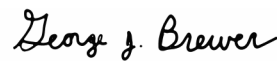
**DISEASE TEST RESULTS**

<u>Report Number</u>	<u>Report Date</u>	<u>Test</u>	<u>Results</u>
156984	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>.



# 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)

Registered name: **Blackforks Don't Water Down My Whiskey**

Breed: **Labrador** Sex: **Male**

ID Number (if any):  Tattoo  Microchip  
**900X111881002066**

Registration Number:  AKC  Other  
**3504965601**

Date of Birth (mm/dd/yy): **040118** Date of Exam (mm/dd/yy): **041520**

Owner Name: **Andry Steelman**

Co-Owner Name: \_\_\_\_\_ Phone: **918-658-4148**

Owner Address: **17390 Wise Lane**

City: **Hodgen** State: **OK** Zip/postal code: **74939**

E-Mail (use both lines if needed):  
**blackforklab@yahoo.com**

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

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I DID NOT verify microchip/tattoo on this dog

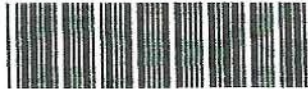
NO MICROCHIP / TATTOO PRESENT

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

Signature: *[Signature]* ACVO # **507** Date **4-15-20**

Diplomate, American College of Veterinary Ophthalmologists

**FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY**



586645

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"/>
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CORNEA		
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<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"/>
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<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 <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"/>

Ophthalmologist Name: \_\_\_\_\_

Ophthalmologist Address: **Dr. Jonathan Pucket EC507**

City: **Oklahoma Veterinary Specialists** State: **OK** Zip/postal code: \_\_\_\_\_

Phone: **918-298-0000**

Email: \_\_\_\_\_

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		
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	

**NORMAL**

Comments

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