

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S GIVE PARIS ONE MORE CHANCE
registered name

SR96679301
registration no.

LABRADOR RETRIEVER
breed

F
sex

12/25/2016
date of birth

900164001435322
tattoo/microchip/DNA profile

24
age at evaluation in months



A Not-For-Profit Organization

1983063
application number

LR-238365G24F-VPI
O.F.A. NUMBER

2/8/2019
date of report

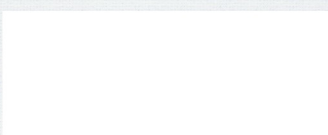
This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

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, D.V.M.

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S GIVE PARIS ONE MORE CHANCE
registered name

SR96679301
registration no.

LABRADOR RETRIEVER
breed

F
sex

12/25/2016
date of birth

900164001435322
tattoo/microchip/DNA profile

24
age at evaluation in months



A Not-For-Profit Organization

1983063
application number

LR-EL87996F24-VPI
O.F.A. NUMBER

2/8/2019
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, D.V.M.

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

www.ofa.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

Paris

Registered name: Blackfork's Give Paris One More Chance
 Breed: Labrador Retriever Sex: F
 ID Number (if any): Tattoo Microchip
900164001435322
 Registration Number: AKC Other
S296679301
 Date of Birth (mm/dd/yy): 122514 Date of Exam (mm/dd/yy): 031020
 Owner Name: Audry Steelman

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 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 3-10-20

Diplomate, American College of Veterinary Ophthalmologists

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



586627

Companion Animal Eye Registry (CAER)

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"/>

Ophthalmologist Name: _____
 Ophthalmologist Address: Jonathan Puckat EC507
Oklahoma Veterinary Specialists
 City: Tulsa, OK State: OK Zip/postal code: _____
 Phone: 918-299-4000
 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"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

NORMAL

Comments

Dog Information

Blackfork's Give Paris Another Chance (Paris)
NAME

Female
SEX

Labrador Retriever
GENETIC BREED

December 25th, 2016
DATE OF BIRTH

AKC: SR96679301
REGISTRATION
















n/a
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)	CC	Clear	
Progressive Retinal Atrophy - crd4/cord1	RPGRIP1 (Exon 2)	NN	Clear	

Dog Information ☆

Blackfork's Give Paris Another Chance (Paris)
NAME

TRAIT TESTS (1/2)

Coat Color		RESULT
E Locus (MC1R)	No dark hairs anywhere	ee
K Locus (CBD103)	Not expressed	K ^B K ^B
A Locus (ASIP)	Not expressed	a ⁺ a
D Locus (MLPH)	Not expressed	DD
B Locus (TYRP1)	Likely black colored nose/feet	BB
Saddle Tan (RALY)	Not expressed	NI
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 Give Paris Another Chance (Paris)

NAME

TRAIT TESTS (2/2)

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

Performance		RESULT
Altitude Adaptation (EPAS1)	Normal altitude tolerance	GG
Appetite (POMC) LINKAGE	Likely to be more food motivated	ND

Genetic Diversity		RESULT
Coefficient Of Inbreeding		24%
MHC Class II - DLA DRB1		No Diversity
MHC Class II - DLA DQA1 and DQB1		No Diversity