ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S TIME FOR ME TO FLY registered name

LABRADOR RETRIEVER

film/test/lab #

990000002208752 tattoo/microchip/DNA profile

2234041 application number

04/16/2021 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:

ner



SS11960805 registration no.

J.-..-

sex

04/13/2019

24

age at evaluation in months



A Not-For-Profit Organization

LR-254175E24F-VPI

O.F.A. NUMBER

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

EXCELLENT

OFA eCert

Verify certificate with QR scan

www.ofa.org

AA Kellend in G.G.KELLER. D.V.M., M.S., DACVR

CHIEF OF VETERINARY SERVICES

This electronic OFA certificate was generated on: 04/16/2021

大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大**大**

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 to request a correction.

Orthopedic Foundation for Animals, Inc. 2300 E. Nifong Blvd. Columbia, MO 65201-3806

OFA website: www.ofa.org E-mail address: ofa@offa.org Phone number: 573-442-0418 Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S TIME FOR ME TO FLY registered name

LABRADOR RETRIEVER

breed

film/test/lab #

990000002208752 tattoo/microchip/DNA profile

2234041 application number

04/16/2021 date of report

RESULTS:

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

NORMAL

SS11960805

registration no.

04/13/2019

O.F.A. NUMBER

age at evaluation in months

LR-EL102525F24-VPI

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

F

sex

wnel



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

A Not-For-Profit Organization

www.ofa.org

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OFA

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

Registered name: Black for IC'S Time for Me Tofy Breed: Lobrador Retriever Balance for IC'S Time for Me Tofy Breed: Lobrador Retriever Balance for IC'S Time for Me Tofy Breed: Begistration Number: AKC Other Co-Owner Name: Owner Name: Date of Birth (mm/dd/yy): Date of Exam (mm/dd/yy): Owner Address: Tolor State: Zip/nostal code F-Mail (use both lines if needed): Difference for settistical gathering purposes. For the database for settistical gathering purposes. Iunderstand that the results of this exam will be submitted by the examining ophthalmologist to the database for settistical gathering purposes. Iunderstand that only passing results will be released to the public uples the initials of a registered owner or authorized agent appear in the authorization box below which permits the Of A to release non-passing results to the public 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.	OUCE 1900	
Registered name: Black for IC'S Time For MeTofy Breed: Labrador Retriever Labrador Registration Number: Date of Birth (mm/dd/yy): Date of Exam (mm/dd/yy): Date of Exam (mm/dd/yy): Date of Exam (mm/dd/yy): Owner Name: Phone: Labrador Registration Number: Co-Owner Name: Phone: Labrador Registration Number: Labrador		maria esta esta tele less tesa estrato tesa.
Breed: Cobrador Refriever ID Number (if any): Tattoo		en e
ID Number (if any): Tattoo Microchip Registration Number: AKC Other Salida Other Other Date of Birth (mm/dd/yy): Date of Exam (mm/dd/yy): Owner Name: Owner Address: Zip/postal code E-Mail (use both lines if needed): Sate: Zip/postal code E-Mail (use both lines if needed): Sate: Zip/postal code E-Mail (use both lines if needed): Sate: Zip/postal code 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 perpension to gathering purposes. I understand that only passing results to the public. 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 I DID NOT verify microchip/tattoo on this dog NO MICROCHIP/TATTOO PRESENT I certify that I have performed this ophthalmic examination using	Blackfork's Time For Mete	ifly
Registration Number: Date of Exam (mm/dd/yy): Date of Birth (mm/dd/yy): Date of Birth (mm/dd/yy): Date of Exam (mm/dd/yy)	Labrador Ketriever	Femal
Date of Birth (mm/dd/yy): Date of Exam (mm/dd/yy): Owner Name: Co-Owner Name: Phone: Co-Owner Name: Owner Address: Tip/postal code E-Mail (use both lines if needed): 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 authering purposes. Lunderstand 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 outhorized 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	00-1-1-00-00	52
Date of Birth (mm/dd/yy): Other Name: Co-Owner Name: Owner Address: City:		
Owner Name: Co-Owner Name: Owner Address: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City: City:		L
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Owner Name: Owner Address: City: State: Zip/postal code E-Mail (use both lines if needed): 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 pethniss 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) DID verify microchip/tattoo on this dog DID NOT verify microchip/tattoo on this dog NO MICROCHIP/TATTOO PRESENT I certify that I have performed this ophthalmic examination using	Owner Name:	
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City: State: Zip/postal code F-Mail (use both lines if needed): 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 pethnis she of A 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	Owner Address:	
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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 pethnits 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		@ya
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of the animal described on this application to the public if the results are non-passing (initials) DID verify microchip/tattoo on this dog DID NOT verify microchip/tattoo on this dog NO MICROCHIP/TATTOO PRESENT Certify that I have performed this ophthalmic examination using	Signature of owner or authorized agent/representative	
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F,,	I certify that I have performed this ophthalmic examine pharmacological mydriasis, ophthalmoscopy, and biom	
Signature ACVO # Date	Signature ACVO #	Date

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



Companion Animal Eye Registry (CAER)

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02/27/19



DNA Test Report

Dog Information

Blackfork's Time To Fly (Lizzie)

NAME

Labrador Retriever GENETIC BREED

SS11960805 REGISTRATION Female SEX

April 13th, 2019 DATE OF BIRTH

n/a MICROCHIP Audry Steelman
OWNER NAME

Canine Genetic Health Screen

TEST

May 25th, 2021 TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	
Centronuclear Myopathy	PTPLA	NN	Clear	•
Degenerative Myelopathy, DM	SOD1	GG	Clear	•
Exercise-Induced Collapse	DNM1	GG	Clear	v
Hereditary Nasal Parakeratosis	SUV39H2	GG	Clear	•
Hyperuricosuria and Hyperuricemia or Urolithiasis, HUU	SLC2A9 (Exon 5)	СС	Clear	•
Macular Corneal Dystrophy, MCD	CHST6	CC	Clear	•
Narcolepsy	HCRTR2	AA	Clear	•
Progressive Retinal Atrophy, prcd	PRCD Exon 1	GG	Clear	•
Pyruvate Kinase Deficiency	PKLR Exon 7 SNP Variant 1	СС	Clear	•
Skeletal Dysplasia 2, SD2	COL11A2	GG	Clear	•
Achromatopsia	CNGA3 (Exon 7 Deletion)	NN	Clear	x
Alexander Disease	GFAP (Exon 4)	GG	Clear	×
Canine Elliptocytosis	SPTB Exon 30	CC	Clear	×
Congenital Myasthenic Syndrome	COLQ (Exon 14)	TT	Clear	x
Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear	×



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Dog Information

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SS11960805 REGISTRATION Female SEX

April 13th, 2019 DATE OF BIRTH

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OWNER NAME

Canine Genetic Health Screen

TEST

May 25th, 2021 TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	
Myotubular Myopathy 1, X-linked Myotubular Myopathy, XL-MTM	MTM1 (Exon 7)	cc	Clear	ਮ
Progressive Retinal Atrophy - crd4/cord1	RPGRIP1 (Exon 2)	NN	Clear	x
Ulrich-like Congenital Muscular Dystrophy	COL6A3	GG	Clear	×