

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 hip dysplasia was recognized. The hip joint conformation was evaluated as:

SS11960805  
*registration no.*

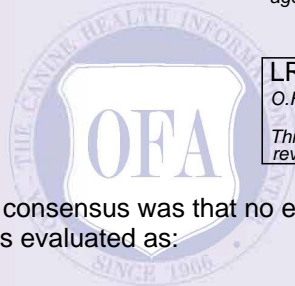
F  
*sex*

04/13/2019  
*date of birth*

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

owner

OFA eCert



Verify certificate  
with QR scan

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

www.ofa.org

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

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

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*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.

owner

SS11960805  
*registration no.*

F  
*sex*

04/13/2019  
*date of birth*

24  
*age at evaluation in months*



A Not-For-Profit Organization

LR-EL102525F24-VPI  
*O.F.A. NUMBER*

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NORMAL

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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E-mail address: [ofa@offa.org](mailto:ofa@offa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073



# 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

Call name: Lizzie

Registered name: Blackfork's Time For Me To Fly

Breed: Labrador Retriever Sex: Female

ID Number (if any):  Tattoo  Microchip  
990000002208752

Registration Number:  AKC  Other  
SS11960805

Date of Birth (mm/dd/yy): 04/31/19 Date of Exam (mm/dd/yy): 04/06/21

Owner Name: Audry Steelman

Co-Owner Name: \_\_\_\_\_ Phone: 918-684148

Owner Address: 17310 Wise Ln.

City: Holden State: OK Zip/postal code: 74139

E-Mail (use both lines if needed):  
blackforklabs@ya  
hoo.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 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: 4-6-21

Diplomate, American College of Veterinary Ophthalmologists

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



700080

# 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"/>
<b>EYELIDS</b>		
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input checked="" 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"/>
<input type="checkbox"/>	persistent pupillary membranes	<input checked="" 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"/>
<input type="checkbox"/>	Significance Unknown/Suspect Not Inherited	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<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: \_\_\_\_\_ 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"/>
<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"/>
<b>OTHER CONDITIONS</b>		
<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

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

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## Dog Information

**Blackfork's Time To Fly (Lizzie)**  
NAME

**Female**  
SEX

**Labrador Retriever**  
GENETIC BREED

**April 13th, 2019**  
DATE OF BIRTH

**SS11960805**  
REGISTRATION
















**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	
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	
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	
Alexander Disease	GFAP (Exon 4)	GG	Clear	
Canine Elliptocytosis	SPTB Exon 30	CC	Clear	
Congenital Myasthenic Syndrome	COLQ (Exon 14)	TT	Clear	
Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear	

## Dog Information

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SEX

**Labrador Retriever**  
GENETIC BREED

**April 13th, 2019**  
DATE OF BIRTH

**SS11960805**  
REGISTRATION



**n/a**  
MICROCHIP

**Audry Steelman**  
OWNER NAME

**Canine Genetic Health Screen**  
TEST

**May 25th, 2021**  
TEST DATE

## BREED HEALTH TESTS

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