

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S WHISKEY ON THE ROX
registered name

SS16236202
registration no.

LABRADOR RETRIEVER
sex/breed

F

film/test/lab #

12/31/2019
date of birth

900164001919765
tattoo/microchip/DNA profile

27
age at evaluation in months

2352398
application number



A Not-For-Profit Organization

04/21/2022
date of report

LR-261634E27F-C-VPI
O.F.A. NUMBER

*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:

EXCELLENT

owner

OFA eCert



Verify 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: 04/21/2022

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

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registered name

LABRADOR RETRIEVER
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film/test/lab #

900164001919765
tattoo/microchip/DNA profile

2352398
application number

04/21/2022
date of report

RESULTS:

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

owner

SS16236202
registration no.

F

12/31/2019
date of birth

27
age at evaluation in months



A Not-For-Profit Organization

LR-EL109483F27-C-VPI
O.F.A. NUMBER

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

NORMAL

OFA eCert



Verify QR scan

G.G. Keller, DVM

G.G.KELLER, D.V.M., M.S., DACVR
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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: Roxie

Registered name: Blackforks Whiskey on the Rox

Breed: Labrador Retriever Sex: Female

Microchip/Tattoo: 900164001919765

Registration Number: 5516236202

Date of Birth (mm/dd/yy): 123119 Date of Exam (mm/dd/yy): 110822

Owner Name: A

Co-Owner Name: _____

State: SK Zip/postal code: 64601

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. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

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: _____ ACVO #: 507 Date: 11-8-22

Diplomate, American College of Veterinary Ophthalmologists

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

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"/>
persistent pupillary membranes		
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"/>
Significance Unknown/Suspect Not Inherited		
<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: Dr. Jonathan Pucket EC507

Ophthalmologist Address: Oklahoma Veterinary Specialists

City: Tulsa, OK State: OK Zip/postal code: 74106

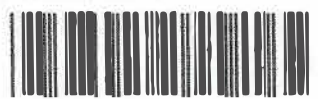
Phone: 918-299-4900 ACVO #: _____

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

NORMAL

Comments



753356

Dog Information

Blackfork's Whiskey on the Rox (Roxie) Female
NAME **SEX**
Labrador Retriever December 31st, 2019
BREED ANCESTRY **DATE OF BIRTH**
American Kennel Club (AKC) SS16236202 900164001919765
REGISTRATION **MICROCHIP**

Audry Steelman
OWNER NAME
Canine Genetic Health Screen
TEST
May 20th, 2022
TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	TESTING RECOMMENDED BY
Centronuclear Myopathy, CNM	PTPLA	NN	Clear	
Degenerative Myelopathy, DM	SOD1(A)	GG	Clear	
Exercise-Induced Collapse, EIC	DNM1	GT	1 Variant	
Hereditary Nasal Parakeratosis, HNPK	SUV39H2	GG	Clear	
Hyperuricosuria and Hyperuricemia or Urolithiasis, HUU	SLC2A9 (Exon 5)	GG	Clear	
Macular Corneal Dystrophy, MCD	CHST6	CC	Clear	
Narcolepsy	HCRT2	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, CMS	COLQ (Exon 14)	TT	Clear	
Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear	

Dog Information

Blackfork's Whiskey on the Rox (Roxie) NAME	Female SEX
Labrador Retriever BREED ANCESTRY	December 31st, 2019 DATE OF BIRTH
American Kennel Club (AKC) SS16236202 REGISTRATION	900164001919765 MICROCHIP

Audry Steelman

OWNER NAME



Canine Genetic Health Screen

TEST

May 20th, 2022

TEST DATE

BREED HEALTH TESTS

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