

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S THE VOYAGE HOME

registered name

LABRADOR RETRIEVER

breed

900164001170377

tattoo/microchip/DNA profile

1846614

application number

1/4/2018

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:

SR88731503

registration no.

F

sex

7/8/2015

date of birth

27

age at evaluation in months

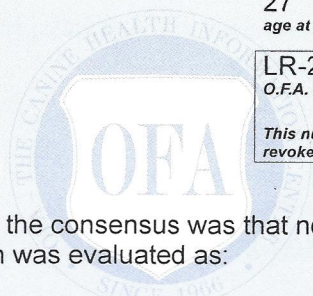
LR-230914G27F-VPI

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



GOOD

owner

AUDRY STEELMAN
17390 WISE LN
HODGEN, OK 74939

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S THE VOYAGE HOME

registered name

LABRADOR RETRIEVER

breed

900164001170377

tattoo/microchip/DNA profile

1846614

application number

1/4/2018

date of report

RESULTS:

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

SR88731503

registration no.

F

sex

7/8/2015

date of birth

27

age at evaluation in months

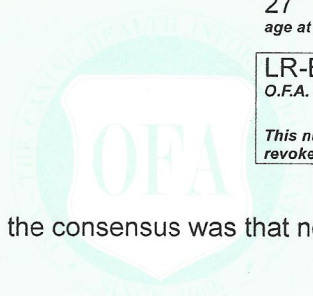
LR-EL81595F27-VPI

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



NORMAL

owner

AUDRY STEELMAN
17390 WISE LN
HODGEN, OK 74939

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.offa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Registered name: Blackfabi's The Voyage Name
 Breed: Yel Lab Sex: F
 ID Number (if any): Tattoo Microchip
900164001170377
 Registration Number: AKC Other
JR 98731503
 Date of Birth: 070815 Date of Exam: 102916
 Owner/Co-owner Name: Andy Stealman
 Co-Owner Name: _____ Phone: _____
 Owner Address: 19390 Wise Ln
 City: Nodden State: OK Zip/postal code: 74939
 E-Mail (use both lines if needed): _____

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public.

[Handwritten 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) _____

OFA Eye Clearance Database

- Initial submission \$12.00
- Resubmits: \$8.00
- Litter of 3 or more submitted together \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. \$7.50 ea.
- Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

To pay by Credit Card, see the back of the WHITE sheet.

| RIGHT EYE | | GLOBE | LEFT EYE | |
|---|-------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | microphthalmos | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | keratoconjunctivitis sicca | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | glaucoma | <input type="checkbox"/> | <input type="checkbox"/> | |
| EYELIDS | | | | |
| <input type="checkbox"/> | entropion | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | ectropion | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | distichiasis | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | ectopic cilia | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | imperforate lacrimal punctum | <input type="checkbox"/> | <input type="checkbox"/> | |
| NICTITANS | | | | |
| <input type="checkbox"/> | cartilage anomaly/eversion | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | gland prolapse | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | plasmoma/atypical pannus | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORNEA | | | | |
| <input type="checkbox"/> | dystrophy—epithelial/stromal | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | dystrophy—endothelial | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | pannus | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | exposure/pigmentary keratitis | <input type="checkbox"/> | <input type="checkbox"/> | |
| UVEA | | | | |
| <input type="checkbox"/> | uveal cyst | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | iris coloboma | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | iris hypoplasia | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | iris sphincter dysplasia | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | pigmentary uveitis | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | uveal melanoma | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> persistent pupillary membranes | | | | |
| LENS | | | | |
| <input type="checkbox"/> | Incomp. Incip. Punc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | anterior cortex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | posterior cortex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | equatorial cortex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | anterior sutures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | posterior sutures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | nucleus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | capsular | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | generalized/complete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | resorbing/hypermature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> significance of cataract unknown | | | | |
| <input type="checkbox"/> | subluxation/luxation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VITREOUS | | | | |
| <input type="checkbox"/> | PHPV/PTVL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | persistent hyaloid artery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | degeneration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Ophthalmologist Name: _____
 Ophthalmologist Address: _____
 City: Dr. Art J. Quinn EC57 State: _____ Zip/postal code: _____
Sand Springs, OK
 Phone: 918-865-3419 ACVO #: _____
 Email: _____

| RIGHT EYE | | FUNDUS | LEFT EYE | |
|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | retinal detachment | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | retinal atrophy—generalized | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | retinopathy | <input type="checkbox"/> | <input type="checkbox"/> | |
| retinal dysplasia | | | | |
| <input type="checkbox"/> | choroidal hypoplasia | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | coloboma | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | optic nerve coloboma | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | optic nerve hypoplasia | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | micropapilla | <input type="checkbox"/> | <input type="checkbox"/> | |
| OTHER CONDITIONS | | | | |
| <input type="checkbox"/> | Unlisted conditions suspected as inherited. Describe in comments | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Unlisted conditions suspected as not inherited | <input type="checkbox"/> | <input type="checkbox"/> | |

NORMAL

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog

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

Signature: Art J. Quinn ACVO #: 57-10-29-16 Date: _____

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____



Exercise Induced Collapse DNA Test

Case Number: 100482
Owner: Audry Steelman
17390 Wise Ln
Hodgen OK 74939

Canine Information

DNA ID Number: **145833**
Call Name: **Cherri**
Sex: **Female**
Birthdate: **07/08/2015**
Breed: **Labrador Retriever**
Coat Color: **Yellow**
Registered Name: **Blackfork's The Voyage Home**
Registration Number: **SR88731503**
Microchip/Tattoo: **900164001170377**
Report Date: 12/8/2017
DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.



Matt Shaunessy, Senior Scientist



Hereditary Nasal Parakeratosis DNA Test

Case Number: 100483

Owner: Audry Steelman
17390 Wise Ln
Hodgen OK 74939

Canine Information

DNA ID Number: **145833**

Call Name: **Cherri**

Sex: **Female**

Birthdate: **07/08/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's The Voyage Home**

Registration Number: **SR88731503**

Microchip/Tattoo: **900164001170377**

Report Date: 12/8/2017

DNA Result: **Carrier (1 normal allele/1 HNPk mutation)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



PRA-prcd DNA Test

Case Number: 100481

Owner: Audry Steelman
17390 Wise Ln
Hodgen OK 74939

Canine Information

DNA ID Number: **145833**

Call Name: **Cherri**

Sex: **Female**

Birthdate: **07/08/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's The Voyage Home**

Registration Number: **SR88731503**

Microchip/Tattoo: **900164001170377**

Report Date: 12/8/2017

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist