

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S REIGN OVER ME
registered name

SR81732601
registration no.

LABRADOR RETRIEVER
breed

F
sex

2/11/2014
date of birth

0A02343673
tattoo/microchip/DNA profile

26
age at evaluation in months



A Not-For-Profit Organization

1767241
application number

LR-223486G26F-VPI
O.F.A. NUMBER

11/2/2016
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

AUDRY STEELMAN
17390 WISE LANE
HODGEN, OK 74939

G.G. Keller DVM

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

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S REIGN OVER ME
registered name

SR81732601
registration no.

LABRADOR RETRIEVER
breed

F
sex

2/11/2014
date of birth

0A02343673
tattoo/microchip/DNA profile

26
age at evaluation in months



A Not-For-Profit Organization

1767241
application number

LR-EL75156F26-VPI
O.F.A. NUMBER

11/2/2016
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

AUDRY STEELMAN
17390 WISE LANE
HODGEN, OK 74939

G.G. Keller DVM

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

www.offa.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: Blackfork's Reign Over me
 Breed: Yell Lab Sex: F
 ID Number (if any): Tattoo Microchip
0 A 0 2 3 4 3 6 7 3
 Registration Number: AKC Other
5 R 8 1 7 3 2 6 0 1
 Date of Birth: 0 2 1 1 1 4 Date of Exam: 1 0 2 9 1 6
 Owner/Co-owner Name: Audrey Steadman
 Co-Owner Name: _____ Phone: _____
 Owner Address: 17390 Wise Lane
 City: Hodgson State: OK Zip/postal code: 74929
 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"/>	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"/>	
CORNEA				
<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"/>	exposure/pigmentary keratitis		<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				
CATARACT		Incomp. Incip. Punc.	Punc. Incip. Incomp.	CATARACT
<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"/>				
<input type="checkbox"/> subluxation/luxation <input type="checkbox"/>				
VITREOUS				
<input type="checkbox"/>	PHPV/PTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
degeneration				

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Art J. Quinn EC57
 City: Sand Springs, OK Zip/postal code: _____
 Phone: 918-865-3419 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"/>	
retinal dysplasia				
<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

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 Date: 10-29-16

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____



Hereditary Nasal Parakeratosis DNA Test

Case Number: 72851

Owner: Audry Steelman
17390 Wise Ln
Hodgen OK 74939

Canine Information

DNA ID Number: **120271**

Call Name: **Jada**

Sex: **Female**

Birthdate: **04/30/2012**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Reign Over Me**

Registration Number: **SR81732601**

Microchip/Tattoo: **0A02343673**

Report Date: 8/16/2016

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


Matt Shaunessy, Senior Scientist