

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S LOOK WHAT I FOUND
registered name

SS07609304
registration no.

LABRADOR RETRIEVER
sex/breed

M

film/test/lab #

09/11/2018
date of birth

990000002208790
tattoo/microchip/DNA profile

24
age at evaluation in months

2106667
application number



A Not-For-Profit Organization

11/18/2020
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:

LR-250804E24M-VPI
O.F.A. NUMBER

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

EXCELLENT

owner
KANDI STEINLE
AUDRY STEELMAN
38120 W 151ST ST
EUDORA KS 66025

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: 11/18/2020

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 LOOK WHAT I FOUND
registered name

LABRADOR RETRIEVER
sex/breed

film/test/lab #

990000002208790
tattoo/microchip/DNA profile

2106667
application number

11/18/2020
date of report

RESULTS:

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

SS07609304
registration no.

M

09/11/2018
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-EL99356M24-VPI
O.F.A. NUMBER

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

NORMAL

owner
KANDI STEINLE
AUDRY STEELMAN
38120 W 151ST ST
EUDORA KS 66025

OFA eCert



Verify certificate
with QR scan

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ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BLACKFORK'S LOOK WHAT I FOUND
registered name

LABRADOR RETRIEVER
sex/breed

586545
film/test/lab #

990000002208790
tattoo/microchip/DNA profile

2106667
application number

05/04/2020
date of report

RESULTS:

Based upon the exam dated 11/14/2019, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

SS07609304
registration no.

M

09/11/2018
date of birth

14
age at evaluation in months



A Not-For-Profit Organization



LR-EYE19552/14M-VPI
O.F.A. NUMBER

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

NORMAL

owner
KANDI STEINLE
AUDRY STEELMAN
38120 W 151ST ST
EUDORA KS 66025

OFA eCert



Verify certificate with QR scan

G.G. Keller, D.V.M.

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

www.ofa.org

This electronic OFA certificate was generated on: 05/04/2020

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Fax number: 573-875-5073



Copper Toxicosis (CT)

Case Number: 150374

Owner: Kandi Steinle
38120 W 151 St
Eudora KS 66025

Canine Information

DNA ID Number: **199556**

Call Name: **Jackson**

Sex: **Male**

Birthdate: **09/11/2018**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Look What I Found**

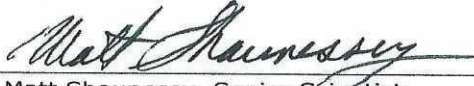
Registration Number:

Microchip/Tattoo: **90000002208790**

Report Date: 12/7/2020

DNA Result: **ATP7A Protective Mutation -/Y Negative Male**
ATP7B Disease Mutation -/- Clear

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



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 2300 E. Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418, Fax: (573)875-5073
 www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Call name: **BLACKBERRY'S LOOKERHAT I FOUND**
 Registered name: **LARSTADDE**
 Breed: **SM**

ID Number (if any): Tattoo Microchip
9900006002208790
 Registration Number: AKC Other
5507609304
 Date of Birth (mm/dd/yy): **091118** Date of Exam (mm/dd/yy): **100620**

Owner Name: **KANDI STEINLE** Phone: **913-634-0881**
 Co-Owner Name: **RUBREY STEINMAN**
 Owner Address: **38120 WILSON ST** City: **KS** State: **KS** Zip/postal code: **66205**
 E-Mail (use both lines if needed): **RETDWOOD@CAPS.CO.YA.HO.BK**

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 to 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: *[Signature]*

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 **10-6-20**

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



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

Ophthalmologist Name: **Dr. Jonathan Pucket - EG507**
 Ophthalmologist Address: **Oklahoma Veterinary Specialists**
 City: **Tulsa, OK** Zip/postal code: **74104**
 Phone: **918-299-4600** Email: _____

<p>RIGHT EYE</p> <p>GLOBE</p> <input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input type="checkbox"/> EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum <input type="checkbox"/> NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus <input type="checkbox"/> CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmented keratitis/keratopathy <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> persistent pupillary membranes	<p>LEFT EYE</p> <input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input type="checkbox"/> EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum <input type="checkbox"/> NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus <input type="checkbox"/> CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmented keratitis/keratopathy <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma <input type="checkbox"/> persistent pupillary membranes
<p>CORNEA</p> <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris	<p>CORNEA</p> <input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris
<p>ANT. CHAMBER</p> <input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis	<p>ANT. CHAMBER</p> <input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis
<p>Significance Unknown/Suspect Not Inherited</p> <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> VITREOUS <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	<p>Significance Unknown/Suspect Not Inherited</p> <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> VITREOUS <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration

RIGHT EYE **FUNDUS** **LEFT EYE**

detached
 geographic
 folds
 retinal detachment
 retinal atrophy—generalized
 retinopathy
 retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____
 Unlisted conditions suspected as not inherited _____

NORMAL

Comments
