

Pedigree For Country N Talakiridge Hallie



Breed: Australian Labradoodle
 Color: Red/Apricot
 Sex: Female
 Born: 05/07/2018
 Reg. #:
 Bred by: Country Labradoodles
 Owned by:

Parents	Grand-Parents	Great-Grand-Parents	Great-Great-Grand-Parents
<p style="text-align: center;">Talaki Ridge Hunter, ALAA 024655</p> <p style="text-align: center; font-size: small;">Australian Labradoodle Chocolate/Lavender Fleece</p>	<p style="text-align: center;">Sunsethills Tempt N Charm, Australian Labradoodle Chocolate Fleece</p>	<p style="text-align: center;">Sunsethills Prince Charming, Australian Labradoodle Golden-Cream ALF3</p>	<p style="text-align: center;">Trentons Laraby, Spaniel (English Cocker) Black</p> <hr/> <p style="text-align: center;">Crawford Farm Jessy, Labradoodle Cream LO2pp</p>
		<p style="text-align: center;">Tassies Chocolate Temptation, Australian Labradoodle Chccolate Wool ALF4</p>	<p style="text-align: center;">Kaliami Brilliantly Brown, Poodle (Standard) Chocolate</p> <hr/> <p style="text-align: center;">Tassies Mini Mouse, Australian Labradoodle Cafe ALF4</p>
	<p style="text-align: center;">Talaki Ridge Whitney, Australian Labradoodle Chocolate/Lavender Fleece</p>	<p style="text-align: center;">California Nugget, Australian Labradoodle</p>	<p style="text-align: center;">Darby Parks Rufus Brown, Australian Labradoodle Cafe Fleece</p> <hr/> <p style="text-align: center;">California Fudge, Australian Labradoodle</p>
		<p style="text-align: center;">Kilara Ridge Pele, Australian Labradoodle Chalk Fleece Medium</p>	<p style="text-align: center;">Tegan Park Mandaluck, Australian Labradoodle Chocolate Fleece</p> <hr/> <p style="text-align: center;">Tegan Park Disney, Australian Labradoodle Australian Labradoodle Cafe Fleece</p>
<p style="text-align: center;">Country N Talakiridge Redd Abigail, 003289513</p> <p style="text-align: center; font-size: small;">Australian Labradoodle Red Fleece</p>	<p style="text-align: center;">aAprina's Elussive Legend, Australian Labradoodle Apricot Light Red Fleece</p>	<p style="text-align: center;">Rutlands Funnie Fella, Australian Labradoodle Chalk</p>	<p style="text-align: center;">Tegan Park Shannon, Australian Labradoodle Cream A1</p> <hr/> <p style="text-align: center;">Rutlands Funnie Bunnie, Australian Labradoodle Chalk wool</p>
		<p style="text-align: center;">Rutlands Redd Elu, Australian Labradoodle Red Medium</p>	<p style="text-align: center;">Majestic Ultra Redd, Poodle (Standard) Red</p> <hr/> <p style="text-align: center;">Rutlands Clementine, Australian Labradoodle Apricot Fleece Medium</p>
	<p style="text-align: center;">Heartlands Ruby Redd Lucy, Australian Labradoodle RED</p>	<p style="text-align: center;">Tennessee Rocky Top, Australian Labradoodle Red Curly Fleece</p>	<p style="text-align: center;">US Labradoodles Dakota, Australian Labradoodle Caramel Fleece</p> <hr/> <p style="text-align: center;">Redd Jewel Ruby, Australian Labradoodle Red Wool</p>
		<p style="text-align: center;">Lakefront Ruby, Australian Labradoodle Apricot Fleece</p>	<p style="text-align: center;">Tegan Park Firestone, Australian Labradoodle</p> <hr/> <p style="text-align: center;">Tegan Park Aaliyah of Lakefront, Australian Labradoodle Cream/gold Fleece</p>

Orthopedic Foundation for Animals Preliminary (Consultation) Report



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Organization

HALLIE
registered name

NOREG2033362
registration number

HYBRID
breed

F
sex

5/8/2018
date of birth

602791581
tattoo/microchip/DNA profile

8
age at evaluation in months

2033362
application number

2/14/2019
date of report

film/case no(s)

Owner
ELIZABETH FERRIS
CYNTHIA WILLIAMS
2120 PRESIDIO WAY
SAN MIGUEL, CA 93451

Veterinarian
VETERINARY MEDICAL CENTER
8165 MORRO RD
STE A-D
ATASCADERO, CA 93422

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

- | | |
|--|---|
| <p><input checked="" type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> FAIR HIP JOINT CONFORMATION*
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p><input type="checkbox"/> BORDERLINE HIP JOINT CONFORMATION
marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time – Repeat study in six months</p> <p><input type="checkbox"/> MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic changes of the hip joints</p> <p><input type="checkbox"/> MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic changes of the hip joints</p> <p><input type="checkbox"/> SEVERE HIP DYSPLASIA
radiographic evidence of marked dysplastic changes of the hip joints</p> |
|--|---|

HIP JOINTS - STANDARD VD VIEW RADIOGRAPHIC FINDINGS

- subluxation
- remodeling of femoral head/neck
- osteoarthritis/degenerative joint disease
- shallow acetabula
- acetabular rim/edge change
- unilateral pathology left right
- transitional vertebra
- spondylosis
- panosteitis
- other

ELBOW JOINTS – FLEXED LATERAL VIEW

negative for elbow dysplasia L R

ELBOW DYSPLASIA

Grade I	L <input type="checkbox"/>	R <input type="checkbox"/>
Grade II	L <input type="checkbox"/>	R <input type="checkbox"/>
Grade III	L <input type="checkbox"/>	R <input type="checkbox"/>

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD)	L <input type="checkbox"/>	R <input type="checkbox"/>
united anconeal process (UAP)	L <input type="checkbox"/>	R <input type="checkbox"/>
fragmented coronoid process (FCP)	L <input type="checkbox"/>	R <input type="checkbox"/>
osteochondrosis	L <input type="checkbox"/>	R <input type="checkbox"/>

Consultation by:

G.G. Keller DVM

G.G. KELLER/DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

Owner's Copy

PennHIP Report

Referring Veterinarian: Dr Brad Hollstien
 Clinic Name: Veterinary Medical Center Atascadero
 Email: vmc1@att.net
 Clinic Address: 8165 Morro Rd suite A-E
 Atascadero, CA 93422
 Phone: (805) 461-3002
 Fax: (805) 461-0163

Patient Information

Client: WILLIAMS, CYNTHIA
 Tattoo Num:
 Patient Name: HALLIE
 Patient ID: 11029-10
 Reg. Name: Hallie
 Registration Num:
 PennHIP Num: 126638
 Microchip Num: 602791581
 Species: Canine
 Breed: LABRADOODLE
 Date of Birth: 07 May 2018
 Age: 9 months
 Sex: Female
 Weight: 29.4 lbs/13.3 kgs
 Date of Study: 01 Feb 2019
 Date Submitted: 01 Feb 2019
 Date of Report: 05 Feb 2019

Findings

Distraction Index (DI): Right DI = 0.38, Left DI = 0.37.

Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**

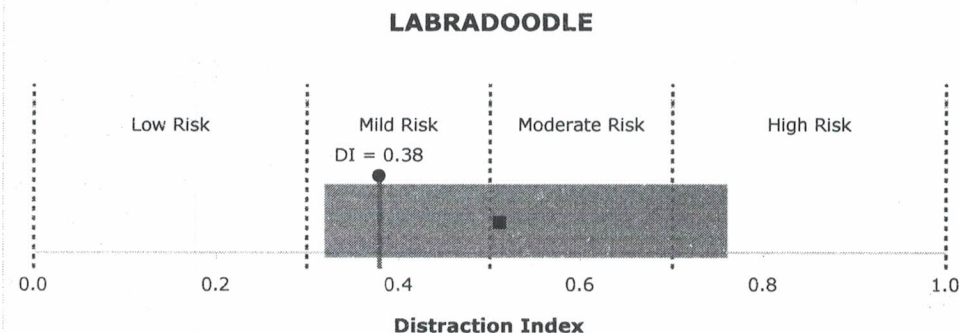
Cavitation/Other Findings: No cavitation present.

Interpretation

Distraction Index (DI): The laxity ranking is based on the hip with the greater laxity (larger DI). In this case the DI used is 0.38.

OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.

Distraction Index Chart:



BREED STATISTICS: This interpretation is based on a cross-section of 6846 canine patients of the LABRADOODLE breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.32 - 0.76) for the breed. The breed average DI is 0.51 (solid square). The patient DI is the solid circle (0.38).

SUMMARY: The degree of laxity (DI = 0.38) falls within the central 90% range of DIs for the breed. This amount of hip laxity places the hip at a mild risk to develop hip OA. **No radiographic evidence of OA for either hip.**

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

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Office
Use
Only

Application for Patellar Luxation Database

Registered name: Hallie		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
Breed: Labradoodle		Sex: F	Date of Birth (month-day-year): 5/8/18		
ID Number (if any): 602 791 581		<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip		Registration number of sire: Hunter	Registration number of dam: Abby
Owner name: Elizabeth Ferris		Date of evaluation (month-day-year): 2-1-19			
Co-Owner name: Cynthia Williams		Examining veterinarian's name or veterinary hospital: Veterinary Medical center			
Mailing address: 2120 Presidio Way		Mailing Address: 8165 Marco Road Suite A-D			
City: San Miguel	State: CA	Zip/postal code: 93451	City: Atascadero	State: CA	Zip/postal code: 93422
Phone: 805-467-2689	E-mail: elizabethferris100@gmail.com		Phone: (805) 461-3002	E-mail: VMC1@att.net	

I hereby certify that the information submitted is of 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 abnormal results to the public.

Signature of owner or authorized representative **Cynthia Williams**

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner).

Patellar Examination Results

1. Normal

right left

2. Patellar Luxation

- bilateral
- unilateral: right left
- luxated: medial lateral
- luxation is: intermittent permanent
- age of onset: < 2 months 2-6 months 6-12 months > 12 months

3. Classification of luxation

- Grade 1**—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- Grade 2**—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- Grade 3**—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- Grade 4**—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

I certify that the examination was performed according to the OFA procedure.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature: **[Signature]** Specialty: Practitioner, Specialist Date: **2/1/19**

Fees Animals over 12 months \$15.00 each
 A litter of 3 or more submitted together \$30.00 total

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Kennel rate: Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 5 individuals \$7.50 each

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.

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

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 RAD _____
 CK _____



Orthopedic Foundation for Animals

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Phone: (573) 442-0418; Fax: (573)875-5073

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Application for Congenital Cardiac Database

Registered name: Hallie		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
Breed: Labradoodle		Sex: F	Date of Birth (month-day-year): 5/8/18		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip		Registration number of sire: Hunter		Registration number of dam: Abby	
ID numbers: 602 791 581		Examining veterinarian's name or veterinary hospital: Veterinary Medical Center		Date of Evaluation (mm/dd/yy): 2/1/19	
Owner name: Elizabeth Ferris		Co-Owner name: Cynthia Williams		Mailing Address: 8165 Momo Road Suite A-D	
Mailing address: 2120 Presidio Way		City: Atascadero		State: CA	
City: San Miguel		State: CA		Zip/postal code: 93422	
Phone: 805-467-2689		E-mail: elizabethferris100@gmail		E-mail: VMC1@att.net	
Phone: (805) 461-3002		E-mail: (805) 461-3002		E-mail: VMC1@att.net	

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative Cynthia Williams

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes. The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public.
INITIAL <input type="checkbox"/>	INITIAL <input type="checkbox"/> <i>CW</i>

Veterinary Instructions

Clinical findings based on cardiac auscultation is required. (see page 2)

- Auscultation is within normal limits. Additional diagnostic studies not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

Timings: systolic diastolic continuous

Point of maximal intensity:

- Mitral valve area
- Aortic or subaortic area
- Pulmonary valve area
- Tricuspid valve area
- Other location:

Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—congenital heart disease is not evident
- Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below: _____

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

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

[Signature] Date: 2/1/19

Veterinarian Signature Specialty: Practitioner, Specialist, Cardiologist

Fees Animals Over 12 Months..... \$15.00
 Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.
 Minimum of 5 individuals\$7.50 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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.

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

Affected Animals, Statistical Data Submission and Resubmissions at No Charge



Orthopedic Foundation for Animals
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Phone: (573) 442-0418; Fax: (573)875-5073
www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Registered name: Hallie
Breed: Labrador
ID Number (if any): 602791581
Registration Number:
Date of Birth (mm/dd/yy): 05 09 18
Date of Exam (mm/dd/yy):

Owner Name: Elizabeth Ferris
Co-Owner Name: Steve Williams
Owner Address: 2120 Presidio Way
City: San Miguel State: CA Zip/postal code: 95451
E-Mail (use both if needed):

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 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

Signature: [Signature] Date: 5/40/11
ACVO # 540

Fees and Credit Card Information on the Back of the White (Owner) Copy

RIGHT EYE GLOBE LEFT EYE

microphthalmos
keratoconjunctivitis sicca
glaucoma
EYEIDS
entropion
ectropion
distichiasis
ectopic cilia
imperforate lacrimal punctum
NICITANS
cartilage anomaly/eversion
gland prolapse
plasmoma/atypical pannus
CORNEA
dystrophy — epithelial/stromal
dystrophy — endothelial
pannus
pigmentary keratitis/keratopathy
UVEA
uveal cyst
uveal coloboma
iris hypoplasia
iris sphincter dysplasia
pigmentary uveitis
uveal melanoma
persistent pupillary membranes

Ophthalmologist Name: Dr. Elizabeth Curto
Ophthalmologist Address: 2 Harris Ct #A1
City: Monterey State: CA Zip/postal code: 93940
Phone: 831-655-4939 ACVO #: 540
Email: eyes@ofa.org

CORNEA diagrams and checkboxes for endothelial opacity, lens pigment foci, iris sheets, etc.

CATARACT diagrams and checkboxes for anterior cortex, posterior cortex, equatorial cortex, etc.

LENS diagrams and checkboxes for uveitis, melanoma, and other conditions.

RIGHT EYE FUNDS LEFT EYE
checkboxes for detached, geographic, folds, retinal detachment, etc.

OTHER CONDITIONS
checkboxes for choroidal hypoplasia, coloboma, optic nerve hypoplasia, etc.

NORMAL

Comments section with multiple lines for text input.



Canine Genetic Health Certificate™

Call Name:	Hallie	Laboratory #:	128416
Registered Name:	-	Registration #:	-
Breed:	Australian Labradoodle	Microchip #:	AVID 602 791 581
Sex:	Female	Certificate Date:	June 15, 2020
DOB:	May 2018		

This canine's DNA showed the following genotype(s):

Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Neonatal Encephalopathy with Seizures	<i>ATF2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Cone-Rod Dystrophy 4	<i>RPGRIP1</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Von Willebrand Disease I	<i>VWF</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Casey R Carl, DVM
Associate Medical Director

Paw Print Genetics® performed the tests listed on this dog. See the Laboratory Report for interpretation and recommendations based on these findings. The genes/diseases reported here were selected by the client. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. These tests were developed and their performance determined by Paw Print Genetics. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results. Genetic counseling is available at Paw Print Genetics.