

Pedigree For COUNTRY N TALAKIRIDGE SHELBY



Breed: Australian Labradoodle
 Color:
 Sex: Female
 Born: 01/21/2018
 Reg. #: AVID 844867296
 Bred by: Country Labradoodles
 Owned by:

| Parents | Grand-Parents | Great-Grand-Parents | Great-Great-Grand-Parents | |
|---|--|--|---|--|
| Country Premium Cuppa Joe, 840573615 Australian Labradoodle Chocolate | Country Totally Charming, 025801100 Australian Labradoodle Cream & White Parti Wavy Fleec | Sunsethills Tempt N Charm, Australian Labradoodle Chocolate Fleece | Sunsethills Prince Charming, Australian Labradoodle Golden-Cream ALF3 Tassies Chocolate Temptation, Australian Labradoodle Chocolate Wool ALF4 | |
| | | Country Perfect Silhouette, Australian Labradoodle Cream Curly Fleece | aAprina's Elusive Legend, Australian Labradoodle Apricot Light Red Fleece Country Redd Russett, Australian Labradoodle Apricot Fleece | |
| | Country Cocoa Or Cuppa Joe, Australian Labradoodle Parchment | Rutlands Baby Joey, RL579 Australian Labradoodle Chocolate Fleece | Tegan Park Cool Dude, Australian Labradoodle Chocolate Wool Rutlands Kizmet, Australian Labradoodle Cafe, Fleece | |
| | | Country Midnight Jade, Australian Labradoodle Black | Sierra Vista's Triton, Australian Labradoodle Cream Fleece Country Lil Black Beauty, Australian Labradoodle Black | |
| | Country Image of Neptune, Australian Labradoodle Chalk Wavy Fleece | Tegan Park Neptune, Australian Labradoodle Cream Fleece | Tegan Park Firestone, Australian Labradoodle | Rutlands Copper Art, Australian Labradoodle Apricot Wool Tegan Park Cocomo, Australian Labradoodle Cafe |
| | | | Tegan Park Ariel, Australian Labradoodle Cream fleece hair | Tegan Park Quick Silver, Australian Labradoodle Silver Tegan Park Rapp, F1 |
| Heartlands Ruby Redd Lucy, Australian Labradoodle RED | | Tennessee Rocky Top, Australian Labradoodle Red Curly Fleece | US Labradoodles Dakota, Australian Labradoodle Caramel Fleece Redd Jewel Ruby, Australian Labradoodle Red Wool | |
| | | Lakefront Ruby, Australian Labradoodle Apricot Fleece | Tegan Park Firestone, Australian Labradoodle Tegan Park Aaliyah of Lakefront, Australian Labradoodle Cream/gold Fleece | |

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

SHELBY
registered name

HYBRID
breed

844867296
tattoo/microchip/DNA profile

1992645
application number

film/case no(s)

NOREG1992645
registration number

F
sex

7/30/2017
date of birth

18
age at evaluation in months

2/14/2019
date of report

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.

EXCELLENT HIP JOINT CONFORMATION*

superior hip joint conformation as compared with other individuals of the same breed and age

GOOD HIP JOINT CONFORMATION*

well formed hip joint conformation as compared with other individuals of the same breed and age

FAIR HIP JOINT CONFORMATION*

minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age

BORDERLINE HIP JOINT CONFORMATION

marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time – **Repeat study in six months**

MILD HIP DYSPLASIA

radiographic evidence of minor dysplastic changes of the hip joints

MODERATE HIP DYSPLASIA

well defined radiographic evidence of dysplastic changes of the hip joints

SEVERE HIP DYSPLASIA

radiographic evidence of marked dysplastic changes of the hip joints

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 R
Grade II L R
Grade III L R

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) L R
united anconeal process (UAP) L R
fragmented coronoid process (FCP) L R
osteochondrosis L R

Consultation by:

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



Orthopedic Foundation for Animals
 2300 E Nihong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573) 875-5073
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Companion Animal Eye Registry (CAER)

Registered name: Shelby Laborde Sex: F
 Breed: Labradoodle
 ID Number (if any): 844 867 Microchip: 08 296
 Registration Number: AKC Other
 Date of Birth (mm/dd/yy): 073017 Date of Exam (mm/dd/yy): 032818

Owner Name: Elizabeth Ferris Phone: 805 467 2689
 Co-Owner Name: _____
 Owner Address: 210 Pasirio Way State: CA Zip/postal code: 93451
 City: San Miguel
 E-Mail (use both lines 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 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: _____

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

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

Signature: _____ ACVO # 540 3h28/18 Date _____

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



RIGHT EYE GLOBE LEFT EYE

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

LENS

endothelial opacity/no strands lens pigment foci/no strands iris sheets iris to cornea iris to lens iris to Iris free floating single multiple

CORNEA

detached geographic folds retinal detachment retinal atrophy — generalized retinopathy retinal dysplasia folds geographic detached

RIGHT EYE LEFT EYE

CORNEA

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

LENS

endothelial opacity/no strands lens pigment foci/no strands iris sheets iris to cornea iris to lens iris to Iris free floating single multiple

CORNEA

detached geographic folds retinal detachment retinal atrophy — generalized retinopathy retinal dysplasia folds geographic detached

CATARACT

ant. chamber syneresis

subluxation/luxation

VITREOUS

PHPV/PTVL persistent hyaloid artery degeneration

syneresis ant. chamber

suspect not inherited

Ophthalmologist Name: Dr. Elizabeth Curto
 Ophthalmologist Address: 2 Harris Court #A-1
 City: Monterey State: CA Zip/postal code: 93940
 Phone: 831-655-4939 ACVO #: 540
 Email: eyes@ofra.com

RIGHT EYE FUNDS LEFT EYE

detached geographic folds retinal detachment retinal atrophy — generalized retinopathy retinal dysplasia folds geographic detached

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 _____

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: SHELBY
 Patient ID: 11029-9
 Reg. Name: Shelby
 Registration Num:
 PennHIP Num: 126639
 Microchip Num: 844867296
 Species: Canine
 Breed: LABRADOODLE
 Date of Birth: 21 Jan 2018
 Age: 13 months
 Sex: Female
 Weight: 33.6 lbs/15.2 kgs
 Date of Study: 01 Feb 2019
 Date Submitted: 01 Feb 2019
 Date of Report: 05 Feb 2019

Findings

Distraction Index (DI): Right DI = 0.43, Left DI = 0.41.

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

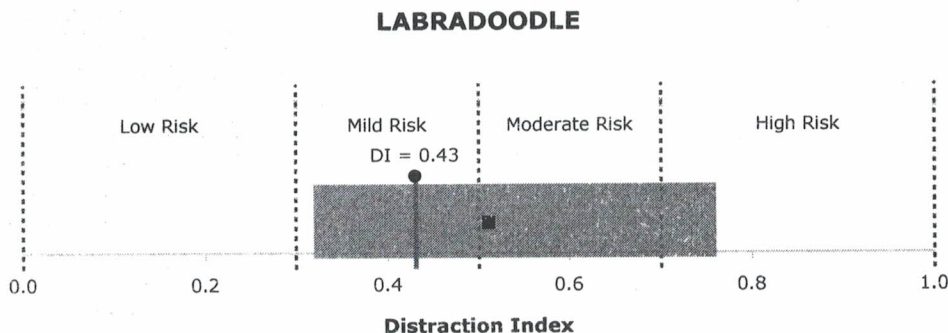
Cavitation/Other Findings: No cavitation present.

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 0.43.

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 (0.43).

SUMMARY: The degree of laxity (DI = 0.43) 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.**

Canine Genetic Health Certificate™

| | | | |
|-------------------------|------------------------|--------------------------|------------------|
| Call Name: | Shelby | Laboratory #: | 128411 |
| Registered Name: | - | Registration #: | - |
| Breed: | Australian Labradoodle | Microchip #: | AVID 844 867 296 |
| Sex: | Female | Certificate Date: | Oct. 16, 2019 |
| DOB: | July 2017 | | |

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)



Helen F Smith, PhD
 Assistant Laboratory 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.

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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Application for Patellar Luxation Database

| | | | | | |
|---|---|--|--|--|-------------------------------|
| Registered name: Shelby | | Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC | | Other registry name: | |
| Breed: Labradoodle | | Sex: F | Date of Birth (month-day-year): 7/30/17 | | |
| ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 844 807 296 | | Registration number of sire: Lil Joey | | Registration number of dam: Crystal | |
| 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 Morro 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 | | 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

[Signature] Veterinarian 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

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

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) _____

4/11/12 **Affected dogs and resubmits are no charge**

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 APPL _____
 RAD _____
 CK _____



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Application for Congenital Cardiac Database

| | | | | | |
|---|--|--|--|--|--|
| Registered name: Shelby | | Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC | | Other registry name: | |
| Breed: Labradoodle | | Sex: F | | Date of Birth (month-day-year): 7/30/17 | |
| ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip | | Registration number of sire: Lil JOEN | | Registration number of dam: Crystal | |
| Owner name: Elizabeth Ferris | | Co-Owner name: Cynthia Williams | | Examining veterinarian's name or veterinary hospital: Veterinary Medical Center | |
| Mailing address: 2120 Presidio Way | | Mailing Address: 8165 Momo Road Suite A-D | | Date of Evaluation (mm/dd/yy): 2/1/19 | |
| 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 | | Phone: (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"/> aw |

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.

pulse/continuous wave left apical/subcostal

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

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

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 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