Pedigree For Country N Talakiridge Tessa

Breed: Australian Labradoodle
Color:
Sex: Female
Born: 01/17/2018
Reg. #: AVID 601 535 326
Bred by: Country Labradoodles
Owned by:

<table>
<tr><th>Parents</th><th>Grand-Parents</th><th>Great-Grand-Parents</th><th>Great-Great-Grand-Parents</th></tr>
<tr><td rowspan="8">Country Neptune's Masterpiece, 038779349
Australian Labradoodle Cream</td><td rowspan="4">Tegan Park Neptune,
Australian Labradoodle Cream Fleece</td><td rowspan="2">Tegan Park Firestone,
Australian Labradoodle</td><td>Rutlands Copper Art,
Australian Labradoodle Apricot Wool</td></tr>
<tr><td>Tegan Park Cocomo,
Australian Labradoodle Cafe</td></tr>
<tr><td rowspan="2">Tegan Park Ariel,
Australian Labradoodle Cream fleece hair</td><td>Tegan Park Quick Silver,
Australian Labradoodle Silver</td></tr>
<tr><td>Tegan Park Rapp,
F1</td></tr>
<tr><td rowspan="4">Heartlands Ruby Redd Lucy,
Australian Labradoodle RED</td><td rowspan="2">Tennessee Rocky Top,
Australian Labradoodle Red Curly Fleece</td><td>US Labradoodles Dakota,
Australian Labradoodle Caramel Fleece</td></tr>
<tr><td>Redd Jewel Ruby,
Australian Labradoodle Red Wool</td></tr>
<tr><td rowspan="2">Lakefront Ruby,
Australian Labradoodle Apricot Fleece</td><td>Tegan Park Firestone,
Australian Labradoodle</td></tr>
<tr><td>Tegan Park Aaliyah of Lakefront,
Australian Labradoodle Cream/gold Fleece</td></tr>
<tr><td rowspan="8">Country N Talakiridge Perfect Charm, AVID838381635
Australian Labradoodle Black & White Fleece</td><td rowspan="4">Country Jupiter King and Ruler, 074 798 322
Australian Labradoodle Red</td><td rowspan="2">aAprina's Elussive Legend,
Australian Labradoodle Apricot Light Red Fleece</td><td>Rutlands Funnie Fella,
Australian Labradoodle Chalk</td></tr>
<tr><td>Rutlands Redd Elu,
Australian Labradoodle Red Medium</td></tr>
<tr><td rowspan="2">Country Redd Russett,
Australian Labradoodle Apricot Fleece</td><td>US Washington Titan,
Australian Labradoodle Apricot Fleece</td></tr>
<tr><td>Primetimes Sabucci,
Australian Labradoodle Cream Parti Fleece</td></tr>
<tr><td rowspan="4">Country Charmed Confection, 009867087
Australian Labradoodle Chocolate/White Parti</td><td rowspan="2">Sunsethills Tempt N Charm,
Australian Labradoodle Chocolate Fleece</td><td>Sunsethills Prince Charming,
Australian Labradoodle Golden-Cream ALF3</td></tr>
<tr><td>Tassies Chocolate Temptation,
Australian Labradoodle Chccolate Wool ALF4</td></tr>
<tr><td rowspan="2">Country Lil Mischievous Spirit,
Australian Labradoodle Cafe Fleece Wool Combo</td><td>Rutlands Lil Brett,
Australian Labradoodle Chocolate/Cafe</td></tr>
<tr><td>Tegan Park Lil Gem,
Australian Labradoodle Cafe Fleece Wool combo</td></tr>
</table>

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Orthopedic Foundation for Animals
Preliminary (Consultation) Report

A Not-For-Profit Organization

TESSA
registered name

HYBRID
breed

NOREG1980686
registration number

F
sex

1/17/2018
date of birth

4
age at evaluation in months

601535326
tattoo/microchip/DNA profile

1980686
application number

7/6/2018
date of report

film/case no(s)

Owner
ELIZABETH FERRIS
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

RADIOGRAPHIC FINDINGS

HIP JOINTS - STANDARD VD VIEW

_____ 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

Consultation by: Greg Keller DVM
G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

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_____
ununited anconeal process (UAP)	L_____	R_____
fragmented coronoid process (FCP)	L_____	R_____
osteochondrosis	L_____	R_____

Doctor'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:FERRIS, ELIZABETH
Tattoo Num:
Patient Name:TESSA
Patient ID:7049-1002
Reg. Name:Tessa Ferris
Registration Num:
PennHIP Num:119850
Microchip Num:601535326
Species:Canine
Breed:LABRADOODLE
Date of Birth:17 Jan 2018
Age:18 weeks
Sex:Female
Weight:21 lbs/9.5 kgs
Date of Study:23 May 2018
Date Submitted:28 Jun 2018
Date of Report:01 Jul 2018

Findings

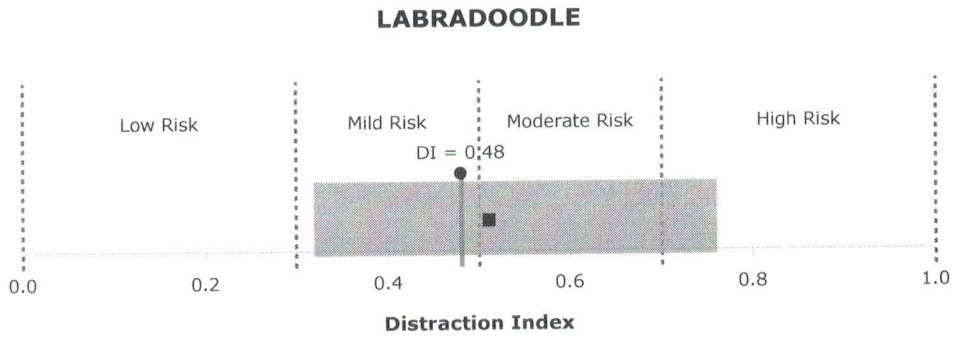
Distraction Index (DI): Right DI = 0.42, Left DI = 0.48.

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 0.48.
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 6297 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 (0.48).
Summary: The degree of laxity (DI = 0.48) 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.**
Interpretation and Recommendations: No OA/Mild Risk: Low risk to develop radiographic evidence of hip OA early in life, however OA may manifest after 6 years of age or later. Risk of OA increases as DI, age, body weight, and activity level increase. OA susceptibility is breed specific, larger breeds being more susceptible. **Recommendations:** Evidence-based

strategies to lower the risk of dogs developing hip OA or to treat those having OA fall into 5 modalities.* For detailed information, consult these documents.* Use any or all of these modalities as needed:
1) For acute or chronic pain prescribe NSAID PO short or long term. Amantadine can be added if response is marginal or if a neuropathic component to the pain is suspected.
2) Optimize body weight, keep lean, at BCS = 5/9.
3) Prescribe therapeutic exercise at intensities that do not precipitate lameness.
4) Administer polysulfated glycosaminoglycans IM or SQ, so-called DMOAD.
5) Feed an EPA-rich prescription diet preventatively for dogs at risk for OA or therapeutically for dogs already showing radiographic signs of OA.
At the present time there is inadequate evidence to confidently recommend any of the many other remedies to prevent or treat OA. Studies are in progress. Consider repeating radiographs at periodic intervals to determine the rate of OA progression and adjust treatment accordingly. Older dogs may show clinical signs such as chronic pain, reluctance to go stairs or jump onto the bed, and stiffness particularly after resting. It is unlikely that end-stage hip disease will develop for dogs at this risk level so surgical therapy for the pain of hip OA would rarely be indicated.
Breeding Recommendations: Please consult the PennHIP Manual.

* From WSAVA Global Pain Council Guidelines and the 2015 AAHA/AAFP Pain Management Guidelines
Comments:

None

Companion Animal Eye Registry (CAER)

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

Registered name: Tessa
Breed: Labradoodle
Sex: F
ID Number (if any): ☐ Tattoo ☑ Microchip
6 0 1 5 3 5 3 2 6
Registration Number: ☐ AKC ☐ Other
Date of Birth (mm/dd/yy): 0 1 1 7 1 8
Date of Exam (mm/dd/yy):

Owner Name: Elizabeth Ferris
Co-Owner Name: Steve Williams
Phone: 805-440-2470
Owner Address: 2120 Presidio Way
City: San Miguel
State: CA
Zip/postal code: 93451
E-Mail (use both lines if needed):
Elizabethferris1
oo@gmail.com

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]
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
- ☐ **NO MICROCHIP / TATTOO PRESENT**

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

Signature	ACVO #	Date
[signature]	540	3/11/19

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY

556854

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

GLOBE

RIGHT EYE / 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 ☐ (free floating ☐ single ☐ multiple)
- ☐ iris coloboma ☐
- ☐ iris hypoplasia ☐
- ☐ iris sphincter dysplasia ☐
- ☐ pigmentary uveitis ☐
- ☐ uveal melanoma ☐
- ☐ persistent pupillary membranes ☐ (endothelial opacity/no strands ☐ lens pigment foci/no strands ☐ iris sheets ☐ iris to cornea ☐ iris to lens ☐ iris to Iris ☐)

LENS

CATARACT (T N / A P)

Incomp.	Incip.	Punc.		Punc.	Incip.	Incomp.
☐	☐	☐	anterior cortex	☐	☐	☐
☐	☐	☐	posterior cortex	☐	☐	☐
☐	☐	☐	equatorial cortex	☐	☐	☐
☐	☐	☐	anterior sutures	☐	☐	☐
☐	☐	☐	posterior sutures	☐	☐	☐
☐	☐	☐	nucleus	☐	☐	☐
☐	☐	☐	capsular	☐	☐	☐

- ☐ generalized/complete ☐
- ☐ resorbing/hypermature ☐
- ☐ ***suspect not inherited*** ☐
- ☐ subluxation/luxation ☐

VITREOUS

- ☐ PHPV/PHTVL ☐
- ☐ persistent hyaloid artery ☐
- ☐ degeneration ☐ (ant. chamber ☐ syneresis ☐)

FUNDUS

RIGHT EYE / LEFT EYE

- ☐ retinal detachment ☐
- ☐ retinal atrophy—generalized ☐
- ☐ retinopathy ☐
- ☐ retinal dysplasia ☐ (detached ☐ geographic ☐ folds ☐)
- ☐ 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

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

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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
www.offa.org
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Application for Congenital Cardiac Database

Registered name: Tessa Red & White		Registration number: ☐ AKC ☐ CKC	Other registry name: / Other registry #:
Breed: Australian Labradoodle	Sex: F	Date of Birth (month-day-year): 01-17-18	
ID Number (if any): ☐ Tattoo ☒ Microchip 601 535 326		Registration number of sire:	Registration number of dam:
Owner name: Elizabeth Ferris	Co-Owner name: Cynthia Williams	Examining veterinarian's name or veterinary hospital: VMC	Date of Evaluation (mm/dd/yy):
Mailing address: 2120 Presidio Way		Mailing Address: 8165 Morro Rd 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.co	Phone: 805 461-3002	E-mail:

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 Elizabeth Ferris

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
☐ I hereby authorize the OFA to **release the abnormal results** of the animal described on this application to the **public**. INITIAL [ ]	☐ 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 [ ]

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 Specialty: ☒ Practitioner, ☐ Specialist, ☐ Cardiologist Date 5/23/18

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

4/13/12

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
www.offa.org
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Application for Patellar Luxation Database

Registered name: Tessa (Red/white)
Registration number: ☐ AKC ☐ CKC
Other registry name:
Other registry #:
Breed: Australian Labradoodle
Sex: F
Date of Birth (month-day-year): 01-17-18
ID Number (if any): ☐ Tattoo ☑ Microchip 601 535 326
Registration number of sire:
Registration number of dam:
Owner name: Elizabeth Ferris
Date of evaluation (month-day-year):
Co-Owner name: Cynthea Williams
Examining veterinarian's name or veterinary hospital: VMC
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.co
Phone: 805 461 3002
E-mail:

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 Elizabeth Ferris

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

M Williams — 5/23/18
Veterinarian Signature — Date

Specialty: ☒ Practitioner, ☐ Specialist

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) _____

4/11/12

Affected dogs and resubmits are no charge

Paw Print Genetics
A division of Genetic Veterinary Sciences, Inc.

Canine Genetic Health Certificate™

Call Name:	Tessa	**Laboratory #:**	128412
Registered Name:	-	**Registration #:**	-
Breed:	Australian Labradoodle	**Microchip #:**	AVID 601 535 326
Sex:	Female	**Certificate Date:**	June 7, 2019
DOB:	Jan. 2018		

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

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

Paw Print Genetics
A division of Genetic Veterinary Sciences, Inc.

Canine Genetic Health Certificate™

Call Name:	Cashmere Sire of TESSa	**Laboratory #:**	17158
Registered Name:	-	**Registration #:**	-
Breed:	Australian Labradoodle	**Microchip #:**	038779349
Sex:	Male	**Certificate Date:**	Jan. 22, 2016
DOB:	Oct. 2014		

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

Disease	Gene	Genotype	Interpretation
Centronuclear myopathy	*PTPLA*	WT/WT	Normal (clear)
Cystinuria (Labrador Retriever type)	*SLC3A1*	WT/WT	Normal (clear)
Degenerative myelopathy	*SOD1*	WT/WT	Normal (clear)
Exercise-induced collapse	*DNM1*	WT/WT	Normal (clear)
Familial nephropathy (Cocker Spaniel type)	*COL4A4*	WT/WT	Normal (clear)
Glycogen storage disease VII, PFK Deficiency	*PFKM*	WT/WT	Normal (clear)
Myotubular myopathy 1	*MTM1*	WT/WT	Normal (clear)
Narcolepsy (Labrador Retriever type)	*HCRTR2*	WT/WT	Normal (clear)
Neonatal encephalopathy with seizures	*ATF2*	WT/WT	Normal (clear)
Progressive retinal atrophy, Progressive rod-cone degeneration	*PRCD*	WT/WT	Normal (clear)
Von Willebrand disease I	*VWF*	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant

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.

Paw Print Genetics
A division of Genetic Veterinary Sciences, Inc.

Canine Genetic Health Certificate™

Call Name:	Pepper Dam of Tessa	**Laboratory #:**	104651
Registered Name:	Country N Talakiridge Perfect Charm	**Registration #:**	-
Breed:	Labradoodle	**Microchip #:**	AVID 838381635
Sex:	Female	**Certificate Date:**	June 10, 2019
DOB:	Jan. 2016		

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

Disease	Gene	Genotype	Interpretation
Centronuclear Myopathy	*PTPLA*	WT/WT	Normal (clear)
Degenerative Myelopathy	*SOD1*	WT/WT	Normal (clear)
Exercise-Induced Collapse	*DNM1*	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	*SUV39H2*	WT/WT	Normal (clear)
Hyperuricosuria	*SLC2A9*	WT/WT	Normal (clear)
Neonatal Encephalopathy with Seizures	*ATF2*	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Golden Retriever 2	*TTC8*	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	*PRCD*	WT/WT	Normal (clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	*COL9A3*	WT/WT	Normal (clear)
Skeletal Dysplasia 2	*COL11A2*	WT/WT	Normal (clear)
Von Willebrand Disease I	*VWF*	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.

Paw Print Genetics
A division of Genetic Veterinary Sciences, Inc.

Coat Color and Trait Certificate

Call Name:	Cashmere	**Laboratory #:**	17158
Registered Name:	-	**Registration #:**	-
Breed:	Australian Labradoodle	**Microchip #:**	038779349
Sex:	Male	**Certificate Date:**	Jan. 15, 2016
DOB:	Oct. 2014		

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

Coat Color/Trait Test	Gene	Genotype	Interpretation
IC locus (Improper coat/Furnishings)	*RSPO2*	F/F	Furnishings

Interpretation:

This dog does not carry the mutation for improper coat and will therefore have furnishings (proper coat). However, the overall coat type of this dog is dependent on the combination of this dog's genotypes at the L, Cu, and IC loci. This dog will pass **F** (furnishings, proper coat) on to 100% of its offspring.

Paw Print Genetics™ has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

Blake C Ballif, PhD
Laboratory & Scientific Director

Casey R Carl, DVM
Associate Medical Director

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