

Pedigree For Country N Talakiridge Lola



Breed: Australian Labradoodle
 Color: Chocolate
 Sex: Female
 Born: 09/10/2018
 Reg. #: AVID 603 635 826
 Bred by: Country Labradoodles
 Owned by:

Parents	Grand-Parents	Great-Grand-Parents	Great-Great-Grand-Parents	
His Fame's The East Coast Story, 19811142016011LD1 Australian Labradoodle Chocolate Fleece	Alpenridge Armani, Australian Labradoodle	Alpenridge Jordache, Australian Labradoodle	Tassies Lil Poet, Australian Labradoodle	
			Sunset Hills Designer Label, Australian Labradoodle	
		Alpenridge Covergirl, Australian Labradoodle		Tegan Park Tall Story, Australian Labradoodle
				Alpenridge Lotta Style, Australian Labradoodle
		Shadow Mountain's Java Chip, Australian Labradoodle	Manor Lake Debonaire, Australian Labradoodle Chocolate fleece	Aladdin's Joey, F1 Chocolate fleece
			Country Godiva Chocolate, Australian Labradoodle Chocolate	Avonlee Cheyenne, Australian Labradoodle Cafe Fleece
Country N Talakiridge Perfect Charm, AVID838381635 Australian Labradoodle White Fleece	Country Jupiter King and Ruler, 074 798 322 Australian Labradoodle Red	aAprina's Elussive Legend, Australian Labradoodle Apricot Light Red Fleece	Rutlands Funnie Fella, Australian Labradoodle Chalk	
			Rutlands Redd Elu, Australian Labradoodle Red Medium	
		Country Redd Russett, Australian Labradoodle Apricot Fleece	US Washington Titan, Australian Labradoodle Apricot Fleece	
			Primetimes Sabucci, Australian Labradoodle Cream Parti Fleece	
		Country Charmed Confection, 009867087 Australian Labradoodle Chocolate/White Parti	Sunsethills Tempt N Charm, Australian Labradoodle Chocolate Fleece	Sunsethills Prince Charming, Australian Labradoodle Golden-Cream ALF3
				Tassies Chocolate Temptation, Australian Labradoodle Chccolate Wool ALF4
			Country LII Mischievous Spirit, Australian Labradoodle Cafe Fleece Wool Combo	Rutlands Lil Brett, Australian Labradoodle Chocolate/Cafe
			Tegan Park Lil Gem, Australian Labradoodle Cafe Fleece Wool combo	

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

LANEY
registered name

NOREG2033783
registration number

HYBRID
breed

F
sex

9/10/2018
date of birth

603635826
tattoo/microchip/DNA profile

4
age at evaluation in months

2033783
application number

2/15/2019
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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age | <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 |
| <input type="checkbox"/> GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age | <input type="checkbox"/> MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic changes of the hip joints |
| <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 | <input type="checkbox"/> MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic changes of the hip joints |
| | <input type="checkbox"/> 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

2300 E Nifong Blvd
Columbia MO 65201

Tele: (573) 442-0418
Fax: (573) 875-5073

Email: ofa@offa.org
Website: https://www.ofa.org

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

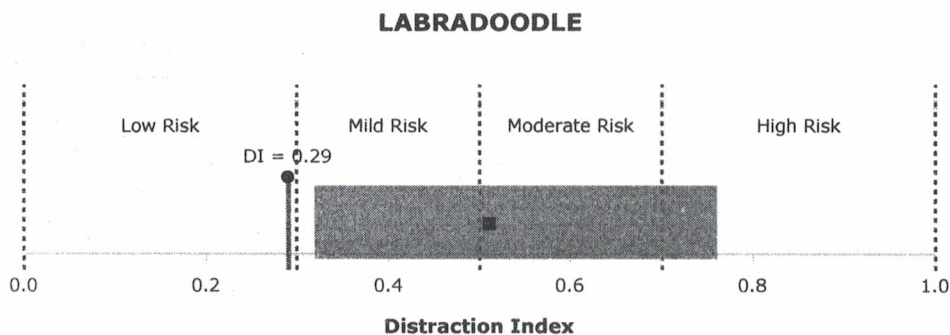
Client: FERRIS, ELIZABETH
 Tattoo Num:
 Patient Name: LANEY
 Patient ID: 7049-628
 Reg. Name: Laney Ferris
 Registration Num:
 PennHIP Num: 126880
 Microchip Num: 603635826
 Species: Canine
 Breed: LABRADOODLE
 Date of Birth: 10 Sep 2018
 Age: 5 months
 Sex: Female
 Weight: 26.4 lbs/12 kgs
 Date of Study: 08 Feb 2019
 Date Submitted: 08 Feb 2019
 Date of Report: 12 Feb 2019

Findings

Distraction Index (DI): Right DI = 0.29, Left DI = 0.27.
 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 0.29.
 OA Risk Category: The DI is less than or equal to 0.30. This patient is at minimal 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 (0.29).

SUMMARY: The degree of laxity (DI = 0.29) ranks the hip within the tightest 5% of DIs for the breed. This amount of hip laxity places the hip at a minimal risk to develop hip OA. **No radiographic evidence of OA for either hip.**



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

Registered name: Laney Labradoroodle Sex: F
 Breed: Labradoodle
 ID Number (if any): 603635826 Tattoo Microchip
 Registration Number: 5826 AKC Other

Date of Birth (mm/dd/yy): 09/01/8 Date of Exam (mm/dd/yy):
 Owner Name: Elizabeth Ferris Phone: 805-440-2470
 Co-Owner Name: Steve Williams
 Owner Address: 220 Presidio Way State: CA Zip/postal code: 95751
 City: San Miguel

E-Mail (use both lines if needed):
E11zabe@ferris.com
0009na11.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 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) _____

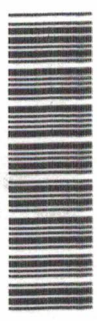
- I DID verify microchip/tattoo on this dog
- I DID NOT verify microchip/tattoo on this dog
- NO MICROCHIP / TATTOO PRESENT

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

Signature: [Signature] Date: 5/40 3/11/19
 ACVO # _____

Diplomate, American College of Veterinary Ophthalmologists

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



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

	RIGHT EYE	GLOBE	LEFT EYE
CORNEA	<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	<input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple	<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
ANTERIOR CHAMBER	<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 NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy 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 LENS <input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands
POSTERIOR CHAMBER	<input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> vitreous degeneration <input type="checkbox"/> subluxation/luxation VITREOUS <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> vitreous degeneration <input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis

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

folds
 geographic
 detached

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

NORMAL

Comments _____

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

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Application for Congenital Cardiac Database

Registered name: LANEY		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC	Other registry name: LANEY
Breed: Australian Labradoodle		Sex: F	Date of Birth (month-day-year): 9.10.18
ID Number (if any): 603 635 826	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of sire: EAST COAST STORY	Registration number of dam: pepper
Owner name: Elizabeth Ferris	Co-Owner name: Cynthia Williams	Examining veterinarian's name or veterinary hospital: Dr. Bradley Hollstien	Date of Evaluation (mm/dd/yy): 02-08-19
Mailing address: 2120 PRESIDIO Way		Mailing Address:	
City: San Miguel	State: CA	Zip/postal code: 93451	
Phone: (805) 467-2689	E-mail: elizabethferris@roadgsmail.com	Phone:	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 **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. INITIAL <input type="checkbox"/>	<input checked="" 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 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: **2/8/19**

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

Office Use Only
 APPL _____
 RAD _____
 CK _____



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www.offa.org

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Office Use Only

Application for Patellar Luxation Database

Registered name: LANEY		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name: LANEY	
Breed: Australian Labradoodle		Sex: F		Date of Birth (month-day-year): 9.10.18	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 603635826		Registration number of sire: EAST COAST STARY		Registration number of dam: pepper	
Owner name: ELIZABETH FERRIS		Date of evaluation (month-day-year): 02.08.19			
Co-Owner name: Cynthia Williams		Examining veterinarian's name or veterinary hospital: Dr Bradley Hollstien			
Mailing address: 2120 PRESIDIO WAY		Mailing Address: 8165 Mono Road Suite A-10			
City: SAN MIGUEL	State: CA	Zip/postal code: 93451	City: ATASCADERO	State: CA	Zip/postal code: 93422
Phone: 805467-2689	E-mail: elizabethferris@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 _____ Specialty: Practitioner, Specialist Date **2/8/19**

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) _____

Canine Genetic Health Certificate™

Call Name:	Pepper	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.

Laboratory Report

Laboratory #:	54972	Call Name:	Julian
Order #:	23877	Registered Name:	#15 FAME's The East Coast Story
Ordered By:	Ray Taylor	Breed:	Australian Labradoodle
Ordered:	May 25, 2017	Sex:	Male
Received:	June 5, 2017	DOB:	Nov. 2016
Reported:	June 9, 2017	Registration #:	-

Results:

Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	SOD1	WT/WT	Normal (clear)
Exercise-Induced Collapse	DNM1	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)

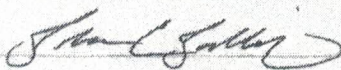
WT, wild type (normal); M, mutant

Interpretation:

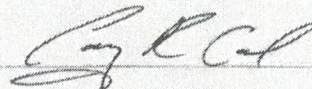
Molecular genetic analysis was performed for four specific mutations reported to be associated with disease in dogs. We identified two normal copies of the DNA sequences in the mutations tested.

Recommendations:

No mutations were identified. Thus, this dog is not at an increased risk for the diseases caused by or associated with the mutations tested. Because this dog is "clear" of these mutations, this dog will only pass the normal genes on to its offspring. 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. 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

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.