

# Pedigree For Country N Talakiridge Love Muffin



Breed: Australian Labradoodle  
 Color: Chocolate  
 Sex: Female  
 Born: 05/09/2018  
 Reg. #: AVID 602800352  
 Bred by: Country Labradoodles  
 Owned by:

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

# Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit  
Organization

HAPPY GIRL MUFFIN COUNTRY N TALAKI RIDGE  
registered name

NOREG2050534  
registration number

HYBRID  
breed

F  
sex

5/9/2018  
date of birth

602800352  
tattoo/microchip/DNA profile

11  
age at evaluation in months

2050534  
application number

5/3/2019  
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.

\_\_\_\_\_ **EXCELLENT HIP JOINT CONFORMATION\***  
superior 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**

✓ \_\_\_\_\_ **GOOD HIP JOINT CONFORMATION\***  
well formed hip joint conformation as compared with other  
individuals of the same breed and age

\_\_\_\_\_ **MILD HIP DYSPLASIA**  
radiographic evidence of minor dysplastic changes of the hip  
joints

\_\_\_\_\_ **FAIR HIP JOINT CONFORMATION\***  
minor irregularities of the hip joint conformation as compared  
with other individuals of the same breed and age

\_\_\_\_\_ **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



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: MUFFIN  
 Patient ID: 7049-630  
 Reg. Name: Happy Girl Muffin Country N Talaki Ridge  
 Registration Num:  
 PennHIP Num: 129581  
 Microchip Num: 602800352  
 Species: Canine  
 Breed: LABRADOODLE  
 Date of Birth: 09 May 2018  
 Age: 11 months  
 Sex: Female  
 Weight: 24.4 lbs/11.1 kgs  
 Date of Study: 26 Apr 2019  
 Date Submitted: 29 Apr 2019  
 Date of Report: 01 May 2019

**Findings**

Distraction Index (DI): Right DI = 0.38, Left DI = 0.36.

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

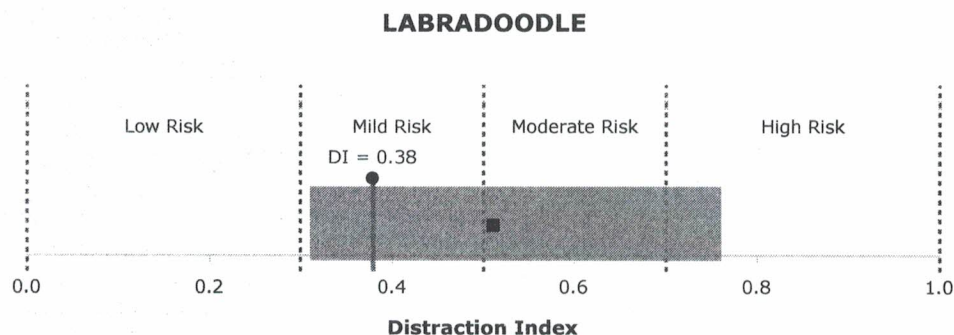
Cavitation/Other Findings: No cavitation present.

**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 7045 canine patients of the LABRADOODLE breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.31 - 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.**



**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

**Companion Animal Eye Registry (CAER)**

Registered name: Mr. Finn Sex: F  
 Breed: Labradoodle  
 ID Number (if any): 602800352  Tattoo  Microchip  
 Registration Number:  AIC  Other

Date of Birth (mm/dd/yy): 050918 Date of Exam (mm/dd/yy):  
 Owner Name: Elizabeth Ferris  
 Co-Owner Name: Steve Williams Phone: (905) 440-2110  
 Owner Address: 2120 Residio Way State: CA Zip/postal code: 93951  
 City: San Miguel

E-Mail (use both lines if needed):  
Elizabeth.ferris@ofa.org  
Steve.williams@ofa.org

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted to the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative: \_\_\_\_\_

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 # 540 Date 3/11/19  
 Diploma: 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  
**NICTITANS**  
 imperforate lacrimal punctum  
 cartilage anomaly/eversion  
 gland prolapse  
 plasmoma/atypical pannus  
**CORNEA**  
 dystrophy — epithelial/stromal  
 dystrophy — endothelial  
 pannus  
 pigmentary keratitis/keratopathy  
 UVEA  
 uveal cyst  
 uveitis  
 iris coloboma  
 iris hypoplasia  
 iris sphincter dysplasia  
 pigmentary uveitis  
 uveal melanoma  
 persistent pupillary membranes  
 iris to iris  
 iris to lens  
 iris to cornea  
 iris sheets  
 lens pigment foci/no strands  
 endothelial opacity/no strands  
 detached  
 geographic  
 folds  
 retinal detachment  
 retinal atrophy — generalized  
 retinopathy  
 retinal dysplasia  
 choroidal hypoplasia  
 coloboma  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla

Ophthalmologist Name: Dr. Elizabeth Curts  
 Ophthalmologist Address: 2 Harris Ct #A-1  
 City: Manterey State: CA Zip/postal code: 93940  
 Phone: 831-655-4939 ACVO #: 540  
 Email: eyes@ofa.org

CATARACT		CATARACT	
<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 cornea	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to iris	<input type="checkbox"/> lens pigment foci/no strands
<input type="checkbox"/> free floating	<input type="checkbox"/> single	<input type="checkbox"/> multiple	<input type="checkbox"/> endothelial opacity/no strands
<input type="checkbox"/> multiple	<input type="checkbox"/> single	<input type="checkbox"/> free floating	
<input type="checkbox"/> uveal cyst	<input type="checkbox"/> uveitis	<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris hypoplasia
<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris sphincter dysplasia	<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> uveal melanoma
<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea
<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"/> lens pigment foci/no strands	<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> detached	<input type="checkbox"/> geographic
<input type="checkbox"/> detached	<input type="checkbox"/> geographic	<input type="checkbox"/> folds	<input type="checkbox"/> retinal detachment
<input type="checkbox"/> retinal detachment	<input type="checkbox"/> retinal atrophy — generalized	<input type="checkbox"/> retinopathy	<input type="checkbox"/> retinal dysplasia
<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/> coloboma	<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/> optic nerve hypoplasia
<input type="checkbox"/> micropapilla			

ant. chamber  
 syneresis

persistent hyaloid artery  
 degeneration

syneresis  
 ant. chamber

subluxation/luxation

**VITREOUS**  
 PHPV/PTVL  
 persistent hyaloid artery  
 degeneration

**NORMAL**

**OTHER CONDITIONS**  
 Unlisted conditions suspected as inherited. Describe in comments \_\_\_\_\_  
 Unlisted conditions suspected as not inherited \_\_\_\_\_

Comments \_\_\_\_\_



## Canine Genetic Health Certificate™

<b>Call Name:</b>	Muffin	<b>Laboratory #:</b>	128417
<b>Registered Name:</b>	-	<b>Registration #:</b>	-
<b>Breed:</b>	Australian Labradoodle	<b>Microchip #:</b>	AVID 602 800 352
<b>Sex:</b>	Female	<b>Certificate Date:</b>	June 7, 2019
<b>DOB:</b>	May 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.

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

A Not-For-Profit Organization

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## Application for Patellar Luxation Database

Registered name: <b>ELIZABETH Ferris MUFFIN</b>		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC	Other registry name:
Breed: <b>LABRADOR</b>		Sex: <b>F</b>	Date of Birth (month-day-year): <b>5-9-18</b>
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip <b>602 800 352</b>	Registration number of sire:		Registration number of dam:
Owner name: <b>ELIZABETH Ferris</b>		Date of evaluation (month-day-year): <b>4-26-19</b>	
Co-Owner name: <b>CYNTHIA Williams</b>		Examining veterinarian's name or veterinary hospital: <b>Veterinary Medical Center</b>	
Mailing address: <b>2120 Presidio</b>		Mailing Address: <b>8165 Morro Road Suite A-D</b>	
City: <b>San Miguel</b>	State: <b>CA</b>	Zip/postal code: <b>93451</b>	City: <b>Atascadero</b>
State: <b>CA</b>	Zip/postal code: <b>93422</b>	Phone: <b>(805) 467-2689</b>	E-mail: <b>VMC1@att.net</b>
E-mail: <b>elizabethferris100@gmail.com</b>	Phone: <b>805-461-3002</b>	E-mail: <b>VMC1@att.net</b>	

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: **4/26/19**

**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) \_\_\_\_\_



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 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



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

www.offa.org

A Not-For-Profit Organization

Office Use Only

## Application for Congenital Cardiac Database

Registered name: <b>Elizabeth Ferns MUFFIN</b>		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC	Other registry name: Other registry #:	
Breed: <b>LABRADOR</b>	Sex: <b>F</b>	Date of Birth (month-day-year): <b>5.9.18</b>		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip <b>602 800 352</b>	Registration number of sire:		Registration number of dam:	
Owner name: <b>Elizabeth Ferns</b>	Co-Owner name: <b>Cynthia Williams</b>	Examining veterinarian's name or veterinary hospital: <b>Veterinary Medical Center</b>		Date of Evaluation (mm/dd/yy): <b>4/26/19</b>
Mailing address: <b>2120 Presidio Way</b>		Mailing Address: <b>8165 Morro Road Suite A-D</b>		
City: <b>San Miguel</b>	State: <b>CA</b>	Zip/postal code: <b>93451</b>	City: <b>Atascadero</b>	State: <b>CA</b>
Phone: <b>(805) 467-2689</b>	E-mail: <b>elizabethferns@offa.com</b>	Phone: <b>805-461-3002</b>	E-mail: <b>VMC1@att.net</b>	Zip/postal code: <b>93422</b>

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 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 <input type="checkbox"/>	INITIAL <input type="checkbox"/> <b>CW</b>

### 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: \_\_\_\_\_

**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

# Orthopedic Foundation for Animals Preliminary (Consultation) Report



HAPPY GIRL MUFFIN COUNTRY N TALAKI RIDGE  
registered name

HYBRID  
breed

color

602800352  
tattoo/microchip/DNA profile

2050534  
application number

02645132  
film/case no(s)

NOREG2050534  
registration number

F  
sex

5/9/2018  
date of birth

11  
age at evaluation in months

5/22/2019  
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

Evaluations of Animals less than 12 months of age can be performed for private use of the owner. However, certification will not be possible at this age.

OFA recommends that the test be repeated when the animal reaches 12 months of age.

Test: THYROID

Results: NORMAL

Sincerely,

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

