



# AMERICAN KENNEL CLUB®

8051 Arco Corporate Drive  
Suite 100  
Raleigh, NC 27617-3390  
www.akc.org

August 1, 2016

NANCY R BRANDOW & PATRICIA LOUISE GARDNER  
1117 MAIN RD  
BRADFORD ME 04410-3008

Congratulations on your new Labrador Retriever and welcome to the world of purebred dogs. Your AKC registration dollars support numerous AKC efforts to benefit dogs and dog owners. By registering your dog with the AKC, you supported valuable programs such as Canine Search-and-Rescue, the AKC Canine Health Foundation, the AKC Kennel Inspection Program, public education, canine legislation, and DNA parentage verification.

The cost of veterinary care has increased dramatically in recent years and AKC Pet Insurance helps you pay your vet bills if your pet has an accident or illness. Call PetPartners at 1-866-725-2747 or visit [www.ackpetinsurance.com](http://www.ackpetinsurance.com) for more information on the affordable pet insurance coverage available for AKC registered dog owners.

AKC registration provides wonderful opportunities for every purebred dog lover. The AKC Canine Good Citizen® program is an outstanding way to train your dog in basic obedience, valuable for every family. In addition, many dog owners enjoy the thrill of participating in AKC activities, shows and trials throughout the country. I invite you and your dog to get involved with the AKC!

Please note, if you ordered multiple items at the time of registration, they will be mailed separately and should arrive shortly. These include the AKC Certified Pedigree, the Dog Care and Training video, *Family Dog* magazine, and the AKC collar tag. If you did not order a Pedigree, you still have the opportunity to do so. An order form is provided on the back of this letter.

All of us want to be responsible dog owners. To help, the AKC offers a wealth of information at [www.akc.org](http://www.akc.org). Our site lists national and local dog clubs and AKC Canine Good Citizen® evaluators. Please visit us online and on Facebook and Twitter. If we can be of further service to, please contact us by phone at 919-233-9767 or by email at [info@akc.org](mailto:info@akc.org).

Sincerely,

Dennis B. Sprung  
President and Chief Executive Officer

\*See terms and conditions for a full description through PetPartners, Inc. Coverage is offered by PetPartners, Inc. to all U.S. residents and is underwritten by American Pet Insurance Company, 907 NW Ballard Way, Seattle WA 98107-4607.

Please separate below and keep for your records.

133

## AMERICAN KENNEL CLUB

NAME  
SHORELINE'S LOVE AND FRIENDSHIP JH OFA24G OFEL24

NUMBER  
SR82876901

PROUDLY BRED BY AN  
AKC BREEDER OF MERIT  
PARTICIPANT

BREED  
LABRADOR RETRIEVER

SEX  
FEMALE



COLOR  
BLACK

DATE OF BIRTH  
DECEMBER 7, 2012

SIRE  
MALLORN'S ALDEBARAN  
SR10842902 07-05 AKC DNA #V226463 (FIN)

DAM  
CEDARWOOD'S WUTHERING HEIGHTS RE SH ~ SR34756105 03-12 OFA24E OFEL24  
AKC DNA #V436916

BREEDER  
LINDA BERKELEY-WEISS & NANCY R BRANDOW

CERTIFICATE ISSUED  
AUGUST 1, 2016

OWNER

NANCY R BRANDOW & PATRICIA LOUISE GARDNER  
1117 MAIN RD  
BRADFORD ME 04410-3008

*This certificate invalidates all previous certificates issued.*  
If a date appears after the name and number of the sire and dam, it indicates the issue of the Stud Book Register in which the sire or dam is published.  
**For Transfer Instructions, see back of Certificate.**  
*This Certificate issued with the right to correct or revoke by the American Kennel Club.*

## REGISTRATION CERTIFICATE

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SHORELINE'S LOVE AND FRIENDSHIP, JH  
*registered name*

LABRADOR RETRIEVER  
*breed*

985121011467654  
*tattoo/microchip/DNA profile*

1691590  
*application number*

12/30/2014  
*date of report*

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SR82876901  
*registration no.*

F  
*sex*

12/7/2012  
*date of birth*

24  
*age at evaluation in months*

LR-212117G24F-VPI  
*O.F.A. NUMBER*

*This number issued with the right to correct or  
revoke by the Orthopedic Foundation for Animals.*



A Not-For-Profit Organization

GOOD

owner

LINDA WEISS

*G.G. Keller DVM*

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SHORELINE'S LOVE AND FRIENDSHIP, JH  
*registered name*

LABRADOR RETRIEVER  
*breed*

985121011467654  
*tattoo/microchip/DNA profile*

1691590  
*application number*

12/30/2014  
*date of report*

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

SR82876901  
*registration no.*

F  
*sex*

12/7/2012  
*date of birth*

24  
*age at evaluation in months*

LR-EL65753F24-VPI  
*O.F.A. NUMBER*

*This number issued with the right to correct or  
revoke by the Orthopedic Foundation for Animals.*



A Not-For-Profit Organization

NORMAL

owner

LINDA WEISS

*G.G. Keller DVM*

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.offa.org

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

Office Use Only

## Application for Congenital Cardiac Database

Paris

Registered name: <b>Shoreline's Love And Friendship JH</b>		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC <b>SR828769-01</b>	Other registry name: _____
Breed: <b>Labrador Retriever</b>	Sex: <b>Female</b>	Date of Birth (month-day-year): <b>12/07/2012</b>	Other registry #: _____
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip <b>985121011467654</b>	Registration number of sire: <b>SR108429-02</b>	Registration number of dam: <b>SR347561-05</b>	
Owner name: <b>Linda Berkeley-Weiss</b>	Co-Owner name: _____	Examining veterinarian's name or veterinary hospital: <b>Dr. Nancy Morris</b>	Date of Evaluation (mm/dd/yy): <b>12/12/14</b>
Mailing address: <b>803 Oakwood Road</b>	City: <b>Mamaroneck</b>	Mailing Address: <b>305 Suffield Street</b>	City: <b>Agawam</b>
State: <b>NY</b>	Zip/postal code: <b>10543</b>	State: <b>MA</b>	Zip/postal code: <b>01001</b>
Phone: <b>617-921-8014</b>	E-mail: <b>lindacberkeley@aol.com</b>	Phone: <b>413-734-1292</b>	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 \_\_\_\_\_

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="text"/>	INITIAL → <input type="text"/>

### 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

**Nancy Morris DVM DACVIM-C** Specialty:  Practitioner,  Specialist,  Cardiologist

**Veterinarian Signature** Date: **12/12/2014**

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



Mass Vet Cardiology  
 Dr. Nancy Morris, DACVIM-C  
 Cardiac Clinic, Date:

OFA Registration - Clinic Rate: \$7.5

Affected Animals, Statistical Data Submission and Resubmissions at \_\_\_\_\_



## Coat Color DNA Test

Case Number: 50585

Owner: Linda C Berkeley  
803 Oakwood Rd  
Mamaroneck NY 10543

### Canine Information

DNA ID Number: **91503**

Call Name: **Paris**

Sex: **Female**

Birthdate: **12/07/2012**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Shoreline's Love And Friendship JH**

Registration Number: **SR828769/01**


Microchip/Tattoo: **985121011467654**

Report Date: 10/29/2014

DNA Result: **EE R306ter -/-**

**BB S41C -/-, Q331X -/-, 345delP -/-**

**K<sup>BK</sup> G23del +/+**

  
Matt Shaunessy, Senior Scientist

## Centronuclear Myopathy DNA Test

Case Number: 50584

Owner: Linda C Berkeley  
803 Oakwood Rd  
Mamaroneck NY 10543

### Canine Information

DNA ID Number: **91503**

Call Name: **Paris**

Sex: **Female**

Birthdate: **12/07/2012**

Breed: **Labrador Retriever**

Coat Color: **Black**


Registered Name: **Shoreline's Love And Friendship JH**

Registration Number: **SR828769/01**

Microchip/Tattoo: **985121011467654**

Report Date: 10/29/2014

DNA Result: **Clear (2 copies of the normal allele)**

  
Matt Shaunessy, Senior Scientist



### Canine Neuromuscular Disease Report

**Accession Number:** D14-048807-2  
**Submitting Clinic:** Kirby Veterinary Hospital  
266 Stafford Road  
Mansfield Center CT 06250  
**Fax:** (860) 450-0502  
**Species:** Canine  
**Breed:** Labrador Retriever  
**Pathologist:** Canine EIC

**Received Date:** 10/10/2014  
**Owner:** LINDA BERKELE-WEISS  
**Veterinarian:** Dr. Wendy Ernst  
**External Ref:**  
**Age:**  
**Gender:** Female

**Specimen From:** SHORELINE'S LOVE AND FRIENDSHIP  
DOB 12/7/12

**With Identification:** 985121011467654

**With Registration Number:** SR828769-01

**ID Verified by Veterinarian:** Yes

**Breeder Notes:** \_\_\_\_\_

**Diagnostic Report:**  
**Exercise Induced Collapse (EIC) Genotyping - Blood**

**Result:** N/N Clear

Carla Donovan-Burgess on 2014-10-13

A clear dog has two copies of the normal dynamin 1 (DNM1) gene.

**For more information visit:**

<http://www.vdl.umn.edu/services-and-fees/canine-neuromuscular/canine-exercise-induced-collapse-eic/index.htm>

To register your Result with the Orthopedic Foundation For Animals (OFA) Genetic Database, visit the following site and follow directions. [http://www.offa.org/pdf/dnaapp\\_bw.pdf](http://www.offa.org/pdf/dnaapp_bw.pdf)

**Mass Veterinary Cardiology Services Inc**

305 Suffield St  
Agawam, MA 01001  
413-734-1292 F: 413-372-5127

**Medical Record Notes**

**Patient: PARIS**  
**Age: 2 yrs 0.2 mns**  
**Weight: 58.4 lbs 26.48 kgs**  
LINDA BERKELEY-WEISS  
803 OAKWOOD ROAD  
MAMARON, NY 10543  
617-921-8014

**Exam Date:** DEC 12 14 - 9:51am

**Record No:** 12426

**Provider:** NANCY MORRIS DVM, DACVIM-C

**Problem:** No Entry **Location:** No Entry

**Species:** CANINE  
**Gender:** F

**Breed:** LABRADOR RETRIEVER **Provider:** NAM  
**DOB:** DEC 7 12 **Age:** 2 yrs 0.2 mns

**Record:** 12426 - **Page:** 1  
**Weight:** 58.4 lbs 26.48 kgs

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**Echocardiogram Report**

*Microchip/Tattoo: 985121011467654*

*Right Atrium : normal Right Ventricle: normal*

*Left Atrium (cm): 2.68 Aorta (cm): 2.24 LA/AO: 1.20*

*Left Ventricle:*

*IVSd (cm):0.88 IVSs (cm): 1.29*

*LVDd (cm): 4.32 LVDs: 2.93*

*LVPWd (cm):0.98 LVPWs:1.36*

*Fractional Shortening: 32.2%*

*Left Ventricular Outflow Tract m/sec: 1.16 laminar flow; trivial PI*

*Right Ventricular Outflow Tract m/sec: 1.53 laminar flow; structurally normal*

*Mitral Valve: no MR*

*Mitral Valve: E:0.82 A:0.83 E/A: 1.0*

*Tricuspid Valve: no TR; structurally normal*

*Comments:*

*Diagnosis: Normal structure and function.*



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

**Companion Animal Eye Registry (CAER)**

"Paris"

Registered Name: **SHORELINE'S LOVE AND FRIENDSHIP JJ**  
 Breed: **LAPDADO RET FEMALE**  
 ID Number (if any): **Q85121011467654**  
 Registration Number: **S1828769-61**  
 Date of Birth: **120712** Date of Exam: **122415**

Owner Name: **LINDA BEVELEY-WEISS**  
 Co-Owner Name: **617.921.8014**

E-Mail (use both lines if needed):  
**LindaBevley@aol.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 registered owner or authorized agent appear in the authentication box below which permits the OFA database non-passing results to be public.

Signature of owner or authorized agent/representative  
*Linda Beveley Weiss*  
 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) \_\_\_\_\_

**OFA Eye Clearance Database**

- Initial submission ..... \$12.00
- Resubmits: ..... \$8.00
- Litter of 3 or more submitted together ..... \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person, ..... \$7.50 ea.
- Submission of non-passing results in the open database: NO CHARGE

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.

To pay by Credit Card, see the back of the WHITE sheet.

12/22/14

219953

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

American College of Veterinary Ophthalmologists

**RIGHT EYE** **GLOBE** **LEFT EYE**

microphthalmos  keratoconjunctivitis sicca  glaucoma  EYELEIDS  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

endothelial opacity/no strands  lens pigment foci/no strands  iris sheets  iris to cornea  iris to lens  iris to iris

free floating  single  multiple

detached  geographic  folds  retinal detachment—generalized  retinopathy  retinal dysplasia  choroidal hypoplasia  coloboma  optic nerve coloboma  optic nerve hypoplasia  micropapilla

ant. chamber  syneresis

subluxation/luxation  VITREOUS  PHPV/PTVL  persistent hyaloid artery  degeneration

syneresis  ant. chamber

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: **Dr. Charles M. Stuhr**  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 EC-298: **Animal Eye Clinic**  
 ACVO #: **203-764-9399**  
 Zip/postal code: \_\_\_\_\_

**CORNEA** **T** **N** **A** **P**

**CORNEA** **N** **T** **A** **P**

**CATARACT** **Incomp.** **Incip.** **Punc.** **CATARACT** **Incomp.** **Incip.** **Punc.**

anterior cortex  posterior cortex  equatorial cortex  anterior sutures  posterior sutures  nucleus  capsular  generalized/complete  resorbing/hypermature

**suspect not inherited**  **ant. chamber**  **syneresis**

**RIGHT EYE** **FUNDUS** **LEFT EYE**

**NORMAL**  **OTHER CONDITIONS**

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as not inherited

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: *Charles M. Stuhr* ACVO # \_\_\_\_\_ Date: **12/24/15**

Diplomat, American College of Veterinary Ophthalmologists

Comments: \_\_\_\_\_



***Shoreline's Love and Friendship, BN, JH, RN, WC***

Optigen A Normal Noncarrier by Parentage

RDOSD Normal Noncarrier by Parentage

Certified by DNA analysis of parents.