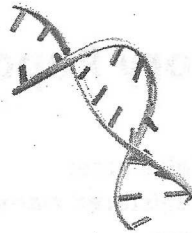


Canine Genetic Testing Report

Submitted By **AG106700**
 [Redacted]
 [Redacted]
 [Redacted]



Subject Dog

Date Received: 5/31/2014

Dog Name: **MoonBaby N Destiny's You Wish** Registration: ASDM-UT-1200094
 Breed: **Miniature Australian Shepherd** Sex: **Female**
 Phenotype: **Black Tri** Birth:

Sire
 Sire Name: **DNM's Go Big or Go Home**
 Breed: **Australian Shepherd**
 Registration: **DN28722303**
 Phenotype: **Black Tri**

Dam
 Dam Name: **Rock N'C's Cowgirl Up**
 Breed: **Miniature Australian Shepherd**
 Registration: **M-4352**
 Phenotype: **Black Tri**

Coat Color/Type Testing	
A Locus-Ay	Not Tested
A Locus-At	Not Tested
A Locus-a	Not Tested
B Locus	Not Tested
D Locus	Not Tested
E Locus- EM	Not Tested
E Locus- e	Not Tested
K Locus-KB	Not Tested
Spotting	Not Tested
Hair Length	Not Tested
Hair Curl	Not Tested
Furnishings	Not Tested
Bobtail	Not Tested

Genetic Disorders		
Cone Deg.		Not Tested
CMR1		Not Tested
X DM	n/n	Clear: Dog is negative for the Degenerative Myelopathy mutation.
X HC	n/n	Clear: Dog tested negative for the HSF-4 Hereditary Cataracts mutation.
X MDR1	n/n	Clear: Only normal unaltered allele detected. Dog should not exhibit any sensitivity to ivermectin or other drugs associated with this disorder.

Genetic Marker Results						Run Date: Not Tested
-	-	-	-	-	-	
AHT121	AHT137	AHT171	AHT260	AHT211	AHT253	C22-279
-	-	-	-	-	-	
CAN-AMEL	FH2054	FH2848	INRA21	INU005	INU030	INU055
-	-	-	-	-	-	
REN54P11	REN162C04	REN169D01	REN169O18	REN247M23		

Cone Deg. = Cone Degeneration
 CMR1 = Canine Multifocal Retinopathy Type 1
 DM = Degenerative Myelopathy
 HC = Hereditary Cataracts
 MDR1 = Multi-Drug Resistance

Additional Comments
 None

Thank you for choosing Animal Genetics Inc.

Preliminary (Consultation) Report



A Not-For-Profit Organization

MOON BABY'S N' DESTINY'S YOU WISH
registered name

ASDMUT1200094
registration number

MINIATURE AUSTRALIAN SHEPHERD
breed

F
sex

5/22/2012
date of birth

985170001542776
tattoo/microchip/DNA profile

21
age at evaluation in months

1596951
application number

4/28/2014
date of report

film/case no(s)

Owner

[Redacted Owner Information]

Veterinarian

ANIMAL MEDICAL SERVICES
469 W CENTER ST
OREM, UT 84057

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

ELBOW JOINTS – FLEXED LATERAL VIEW

negative for elbow dysplasia L R

ELBOW DYSPLASIA

Grade I L R
Grade II L R
Grade III L R

RADIOGRAPHIC FINDINGS

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

Consultation by:

G.G. Keller DVM

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



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

MOONBABY N DESTINY'S YOU WISH
registered name

MINI AMERICAN/MINI AUSTRALIAN SHEPHERD
breed

985170001542776
tattoo/microchip/DNA profile

1596951
application number

12/12/2014
date of report

RESULTS:

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

ASDMUT1200094
registration no.

F
sex

05/22/2012
date of birth

29
age at evaluation in months

MAS-EL630F29-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



OFA eCert



Verify certificate
with QR scan

G.G. Keller, D.V.M.

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

www.offa.org

This electronic OFA certificate was generated on: 12/12/2014

This certification can be verified on the OFA website by entering the dog's registration number into the QUICKSEARCH box on the left hand box or by scanning the QR code above.

If there are any errors on this certificate, please call or email the OFA to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806
OFA web site: www.offa.org
e-mail address: ofa@offa.org
Phone Number: 573-442-0418
Fax Number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

MOONBABY N DESTINY'S YOU WISH
registered name

MINI AMERICAN/MINI AUSTRALIAN SHEPHERD
breed

985170001542776
tattoo/microchip/DNA profile

1596951
application number

12/12/2014
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:

ASDMUT1200094
registration no.

F
sex

05/22/2012
date of birth

29
age at evaluation in months

MAS-1656G29F-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



OFA eCert



Verify certificate
with QR scan

www.offa.org

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

This electronic OFA certificate was generated on: 12/12/2014

This certification can be verified on the OFA website by entering the dog's registration number into the QUICKSEARCH box on the left hand box or by scanning the QR code above.

If there are any errors on this certificate, please call or email the OFA to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806
OFA web site: www.offa.org
e-mail address: ofa@offa.org
Phone Number: 573-442-0418
Fax Number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



AWAY TO ME TIPPIN THE STETSON
registered name

DN41272603
registration no.

MINIATURE AMERICAN SHEPHERD
breed

M
sex

7/24/2014
date of birth

990000000337821
tattoo/microchip/DNA profile

13
age at evaluation in months



A Not-For-Profit Organization

1752752
application number

MAS-PA488/13M/P-VPI
O.F.A. NUMBER

9/10/2015
date of report

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

RESULTS:

The results of the examination submitted to OFA indicate that no evidence of patellar luxation was recognized.

NORMAL - PRACTITIONER

owner

SHANA WITBECK
3836 N DRY FORK CANYON ROAD
VERNAL, UT 84078

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

www.offa.org



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

Application for Eye Database

Registered name: Worobaby N' Destiny's You Wish
 Breed: Mini Aust. Sheep Sex: Female

ID Number (if any): 9185170001542776
 Registration Number: ASDM-UT-1200094
 Date of Birth: 052212 Date of Exam: 062013

Owner name: [REDACTED]
 Owner Address: [REDACTED]
 City: [REDACTED]
 E-Mail (use both lines if needed): worobabyminis@chestnut1.com

I hereby certify that the animal examined is 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 non-passing results to the public. (signature of owner or authorized 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) _____

OFA Eye Clearance Database

- Initial submission \$12.00
- Resubmits: \$8.00
- 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.

Visa/Master Card Number _____

Name on card _____
 Expiration Date _____ CW _____

9/12/12 029653

Veterinarian name: Dr. Amy Knollinger EC345
 Eye Care for Animals
 1021 East 3300 S
 Salt Lake City, UT 84106

City: _____
 Phone: _____
 Email: _____

<p>CORNEA</p> <p><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</p> <p><input type="checkbox"/> ciliary body <input type="checkbox"/> iris <input type="checkbox"/> ant. chamber</p> <p><input type="checkbox"/> irid coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma</p> <p><input type="checkbox"/> uveal cyst</p>	<p>RIGHT EYE</p> <p><input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma</p> <p>EYEIDS</p> <p><input type="checkbox"/> entropion <input type="checkbox"/> ectropion</p> <p><input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia</p> <p>IMPERFORATE LACRIMAL PUNCTUM</p> <p><input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse</p> <p>PLASMOMA/ATYPICAL PANNUS</p> <p>CORNEA</p> <p><input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> exposure/pigmentary keratitis</p> <p>UVEA</p>	<p>LEFT EYE</p> <p><input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma</p> <p>EYEIDS</p> <p><input type="checkbox"/> entropion <input type="checkbox"/> ectropion</p> <p><input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia</p> <p>IMPERFORATE LACRIMAL PUNCTUM</p> <p><input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse</p> <p>PLASMOMA/ATYPICAL PANNUS</p> <p>CORNEA</p> <p><input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> exposure/pigmentary keratitis</p> <p>UVEA</p>
	<p>ANT. CHAMBER</p> <p><input type="checkbox"/> ant. chamber <input type="checkbox"/> iris <input type="checkbox"/> ciliary body</p> <p>OTHER CONDITIONS</p> <p><input type="checkbox"/> Unlisted conditions suspected as inherited. Describe in comments _____ <input type="checkbox"/> Unlisted conditions suspected as not inherited _____</p>	<p>ANT. CHAMBER</p> <p><input type="checkbox"/> ant. chamber <input type="checkbox"/> iris <input type="checkbox"/> ciliary body</p> <p>OTHER CONDITIONS</p> <p><input type="checkbox"/> Unlisted conditions suspected as inherited. Describe in comments _____ <input type="checkbox"/> Unlisted conditions suspected as not inherited _____</p>

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

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

CATARACT

ant. chamber
 syneresis

LENS

RIGHT EYE

INCIP. **PUNC.** **PUNC.** **INCIP.**

anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 significance of cataract unknown
 subluxation/luxation

VITREOUS

PHPV/PTVL
 persistent hyaloid artery
 degeneration

LEFT EYE

INCIP. **PUNC.** **PUNC.** **INCIP.**

anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 significance of cataract unknown
 subluxation/luxation

VITREOUS

PHPV/PTVL
 persistent hyaloid artery
 degeneration

syneresis
 ant. chamber

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

Signature: Amy Knollinger 6/20/12

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____

Canine Genetic Testing Report

Submitted By: AG106700

[Redacted Signature]

Subject Dog

Dog Name: MoonBaby N Destiny's You Wish
Breed: Miniature Australian Shepherd
Phenotype: Black Tri

Sire

Sire Name: DNW's Go Big or Go Home
Breed: Australian Shepherd
Registration: DN28722303
Phenotype: Black Tri

Dam

Dam Name: Rock N'Cs Cowgirl Up
Breed: Miniature Australian Shepherd
Registration: M-4352
Phenotype: Black Tri

Date Received: 5/31/2014

Registration: ASDM-UT-1200094

Sex: Female

Birth:

Coat Color/Type Testing	
A Locus-Ay	Not Tested
A Locus-At	Not Tested
A Locus-a	Not Tested
B Locus	Not Tested
D Locus	Not Tested
E Locus-EM	Not Tested
E Locus-e	Not Tested
K Locus-KB	Not Tested
Spotting	Not Tested
Hair Length	Not Tested
Hair Curl	Not Tested
Furnishings	Not Tested
Bobtail	Not Tested
Additional Comments	
None	

Genetic Disorders

Ay	Not Tested
At	Not Tested
a	Not Tested
B	Not Tested
D	Not Tested
EM	Not Tested
e	Not Tested
KB	Not Tested
Spotting	Not Tested
Hair Length	Not Tested
Hair Curl	Not Tested
Furnishings	Not Tested
Bobtail	Not Tested
Genetic Marker Results	
Run Date: Not Tested	

REN54P11	-
CAN-AMEL	-
AHT121	-
REN162C04	-
FH2054	-
AHT137	-
REN169D01	-
FH2848	-
AHT171	-
REN169018	-
INRA21	-
AHT260	-
REN247M23	-
INNU05	-
AHT211	-
INNU03	-
AHT253	-
INNU055	-
C22-279	-

Cone Deg. = Cone Degeneration
CMR1 = Canine Multifocal Retinopathy Type 1
DM = Degenerative Myelopathy
HC = Hereditary Cataracts
MDR1 = Multi-Drug Resistance

Thank you for choosing Animal Genetics Inc.

