

AMERICAN KENNEL CLUB • FOUNDED 1884

Certified Pedigree

MOONLIT ACRES MAJIK'S NORDIC HERO
Sire SR89303601 (05-17) EYE32 LT GLDN AKC
DNA #V806000

CONTESSA NALA JOYFUL

SS07014806
GOLDEN RETRIEVER FEMALE LT GLDN
Microchip: 956000010384485
Date Whelped: 08/09/2018
Breeder: MS. JOY E MARTIN

CONTESSA SADIE JOYFUL
Dam SR98405210 (11-18) OFA24G OFEL24 LT
GLDN



**AMERICAN
KENNEL CLUB®**

Erin D. Lark
Executive Secretary

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on January 14, 2019.

MAJIK ZERO TO HERO
FKK F132104/10 (12-15) AKC DNA #V765958

JAKO'S SWEET TEMPTATION
SR79544301 (12-15) GLDN (NOR) AKC DNA
#V763401

MAJIK FINDERS KEEPERS
FKK 10718/07

MAJIK VISSI D'ARTE
FKK 40679/04

JAKO'S NORDIC CHARM
NKK 08649/04 (09-14)

JAKO'S HOPE FOR THE FUTURE
NKK N058743/09

BREAK OF DAWN ETERNAL LEGACY
SR80613901 (07-17) OFA60E LT GLDN (NET)
AKC DNA #V815663

LINRGOR MUST BE LIV
KCR AJD0489601 (01-10) AKC DNA #V561504

BREAK OF DAWN BRIAR ROSE
NHSB 2843914

RUS PEKOS SAMAYA GLAMURNAYA
SR82277904 (01-15) OFA32G GLDN (RUS) AKC
DNA #V738349

**BUNGEE JUMPING OF THE FAMOUS
FAMILY**
RKF 2596212 (04-11) GLDN (HUN)

SHAMROCK VIVienne WESTWOOD
SR80863501 (05-14) LT GLDN (HUN) AKC
DNA #V720536



**AMERICAN
KENNEL CLUB®**



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

January 14, 2019

MS. JOY E MARTIN
5613 CHENAULT DR
MODESTO CA 95356-8818

Congratulations on your new Golden 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 Pet Disaster Relief, the AKC Canine Health Foundation, the AKC Kennel Inspection Program, public education, canine legislation, and DNA parentage verification.

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. 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 you, please contact us by phone at 919-233-9767 or by email at info@akc.org.

Sincerely,

Dennis B. Sprung
President and Chief Executive Officer

Please separate below and keep for your records.

540

AMERICAN KENNEL CLUB

NAME
CONTESSA NALA JOYFUL

NUMBER
SS07014806

BREED
GOLDEN RETRIEVER
COLOR
LIGHT GOLDEN

SEX
FEMALE

SIRE
MOONLIT ACRES MAJIK'S NORDIC HERO
SR89303601 05-17 (EYE32 AKC DNA #V806000)

DATE OF BIRTH
AUGUST 9, 2018

DAM
CONTESSA SADIE JOYFUL
SR98405210 11-18 (OFA24G OFEL24)

BREEDER
MS. JOY E MARTIN

OWNER

MS. JOY E MARTIN



**AMERICAN
KENNEL CLUB®**

CERTIFICATE ISSUED
JANUARY 14, 2019

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.

CONTESSA NALA JOYFUL
registered name

GOLDEN RETRIEVER
breed

film/ves/lab #

956000010384485
tattoo/microchip/DNA profile

2035890
application number

08/31/2020
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:

owner

JOY MARTIN
[REDACTED]

SS07014806
registration no.

F
sex

08/09/2018
date of birth

24
age at evaluation in months

GR-130216G24F-VP1
O.F.A. NUMBER

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

GOOD

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

G.G. Keller



Verify certificate with QR scan

www.ofa.org



A Not-For-Profit Organization

OFA # OFA246 OFEL24
OFA # OFEL24

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

CONTESSA NALA JOYFUL
registered name

SS07014806
registration number

GOLDEN RETRIEVER
breed

F
sex

8/9/2018
date of birth

956000010384485
tattoo/microchip/DNA profile

5
age at evaluation in months

2035890
application number

2/26/2019
date of report

film/case no(s)

Owner **JOY MARTIN**
[Redacted]

Veterinarian **BECKWITH VETERINARY HOSPITAL**
3232 BECKWITH CT
MODESTO, CA 95358

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

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

Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



Registered name: **Contessa Nava Joyful**

Call name: **Nala** Weight: kg lbs Estimate

Breed: **Golden Retriever - English** Gender: **F**

Registration # **SR89303601** Penn Reg # **3405210**

ID Number (if any) Larco Malicious

Registration Number: **9560000110384485** SAK Other

Date of Birth: (MMDDYY) **08109118** Date of Exam: (MMDDYY) **0811120**

Owner Name: **Joy Martin** Phone: **209-613-7310**

Co-Owner Name: **1**

Owner Address: **[Redacted]**

City: **[Redacted]** State: **[Redacted]** Zip/Postal code: **[Redacted]**

E-Mail (use both lines if needed): **joy@joyfulpuppy.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 cardiologist 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 passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivoval or abnormal results to the public. (Initials) _____

Cardiologist Name: **Rebecca Saunders**

Phone # **630 227 9400** OFA Exam # **CS37**

E-Mail (use both lines if needed): **drs@saunders@vss.com**

Fees and credit card information on back of WHITE sheet.
 12/22/15



C115111

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

Genetic Test Status: Test _____
 Negative Abnormal: Heterozygous Homozygous

EXAMINATION FINDINGS

AUSCULTATION

Normal Abnormal Arrhythmia

Murmur Grade: I II III IV V VI

PMI: Left Right Base Apex

Timing: Systolic Diastolic Continuous

Extra Sounds: Click Gallop Split S1 Split S2

ECHOCARDIOGRAM - NOT PERFORMED

RA: Normal Enlarged _____ mm RV: Normal enlarged _____ mm

TV: Normal Abnormal: Mild Moderate Severe

TR: None Trivial Mild Moderate Severe Vel. _____ m/s

LA: Normal Enlarged: Mild Moderate Severe

LAD _____ mm: SAX LAX (MM) 2D

MV: Normal Abnormal: Mild Moderate Severe

MIR: None Trivial Mild Moderate Severe Vel. _____ m/s

LV: Normal Enlarged: Mild Moderate Severe

LVIDd: _____ mm MM: 2D LVIDS: _____ mm MM: 2D

SF: _____ % (MM) 2D EF: _____ % (MM) 2D volumetric)

ESVI: _____ mL/m² Sphericity Index _____ EPSS: _____ mm

IVS: IVSD _____ mm Normal Abnormal (MM) 2D

PW: PWD _____ mm Normal Abnormal (MM) 2D

PapMuscle: Normal Abnormal

LVOT Normal Abnormal Ridge Other _____

AoV: Normal Abnormal: Mild Moderate Severe

Ao Diameter: _____ mm LA/Ao: _____ Method: _____

AoV/LVOT Vet: Normal Abnormal (Apical Subcostal _____ m/s

DIVOTO: Vmax _____ m/s SAM:

AR: None Mild Moderate Severe m/s

RVOT: Normal Infundibular narrowing Vmax (if abnormal) _____ m/s

DRVOTO: Vmax _____ m/s

PV: Normal Abnormal Mild Moderate Severe

PV Vet: Normal Abnormal (Right Left apex _____ m/s

ELECTROCARDIOGRAM (ECG)

normal abnormal not performed

Date: _____ Method: _____

HR: _____ bpm Rhythm: _____

HOLTER ECG

Date performed: _____ pending not performed

normal: equivoval: abnormal: (see Holter report for details)

EXAMINATION RESULTS

NORMAL

No evidence for congenital heart disease

No evidence for adult onset inherited heart disease

Valid for 1 year (in Dobermans and Boxers preliminary clearance only, Holter required within 3 months of today for final clearance)

EQUIVOVAL

Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

ABNORMAL

(evidence of congenital or adult onset inherited heart disease)

Diagnosis: ARVC ASD DCM HCM MVD MMVD PDA PS SAS/SAS TVD VSD Other _____

Severity: Mild Moderate Severe

Comments (additional findings which would not result in a final abnormal diagnosis): _____

DID verify microchip/tattoo on this dog

DID NOT verify microchip/tattoo on this dog

NO MICROCHIP/TATTOO PRESENT

Signature: **[Signature]** Date: **8/11/20**

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)



Orthopedic Foundation for Animals
 2300 E. Niang 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)

RIGHT EYE **GLOBE** **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

Ophthalmologist Name: Ben W. Johnson, D.V.M. EC112
 Ophthalmologist Address: Animal Eye Associates
 10328 Manchester Road
 St. Louis, MO 63122
 City: Phone: Email:

Call name: Nala
 Registered name: Contessa Dala Jofuul
 Breed: Golden Retriever-English Sex: F
 ID Number (if any): Tattoo Microchip
950000010384485
 Registration Number: 5507014806 Slick Other
 Date of Birth (mm/dd/yy): 080918 Date of Exam (mm/dd/yy): 082020

Owner Name: Joy Martin
 Co-Owner Name: _____ Phone: 209-613-7310
 Owner Address: _____
 City: _____ ID/Postal code: _____
 E-Mail (use both lines if needed): Joym@joymvlpuppy.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 authorizations below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative: Joy Martin

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) _____

DID verify microchip/tattoo on this dog
 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: Ben W. Johnson ACVO # _____ Date: 8/20/20
 Diplomat, American College of Veterinary Ophthalmologists

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

<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"/> 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	<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis	<input type="checkbox"/> subluxation/luxation VITREOUS <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	<input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber
					<input type="checkbox"/> CATABACT <input type="checkbox"/> Incip. Punc. <input type="checkbox"/> ant. 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"/> CATABACT <input type="checkbox"/> Incip. Punc. <input type="checkbox"/> ant. 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	

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

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

NORMAL

Comments



682854

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02/27/19



Orthopedic Foundation for Animals
 2300 E Nilong 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)

Dr. Ruben Merideth EC120
 Animal Eye Associates
 10328 Manchester Road
 St. Louis, MO 63122

postal code: _____

Call name: Nala
 Registered name: Cortessa Nala Joyful
 Breed: Golden Retriever Sex: F

Microchip/Tattoo: 95E0DD01D384485
 Registration number: 507014806
 Date of Birth (mm/dd/yy): 080918 Date of Exam (mm/dd/yy): 091321

Owner Name: Joy Martin
 Co-Owner Name: _____ Phone: 204-63-7310

Owner Address: _____
 City: _____ State: _____ Zip/postal code: _____
 E-Mail (use both lines if needed): joy@joywlpuppy.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 OFA to registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

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) _____

DID verify microchip/tattoo on this dog
 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: 1209-13-21

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



742059

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<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"/> 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"/> uveal cyst <input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating
<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis	<input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis	<input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis <input type="checkbox"/> iridodiolysis

RIGHT EYE FUNDUS LEFT EYE

detached
 geographic
 folds

retinal detachment
 retinal atrophy—generalized
 retinopathy
 retinal dysplasia

folds
 geographic
 detached

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____
 Unlisted conditions suspected as not inherited _____

NORMAL

Comments _____



DNA Test Report

Dog Information

Contessa "Nala" Joyful
 NAME
 Female
 SEX
 Golden Retriever
 GENETIC BREED
 August 9th, 2018
 DATE OF BIRTH
 AKC: SS07014806
 REGISTRATION
 n/a
 MICROCHIP

Joy Martin
 OWNER NAME
 Canine Genetic Health Screen
 TEST
 May 14th, 2021
 TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT
1. Degenerative Myelopathy, DM	SOD1	GG	Clear
2. Golden Retriever Progressive Retinal Atrophy 1, GR-PRA1	SLC4A3 Exon 16	NN	Clear
3. Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear
4. Ichthyosis	PNPLA1 (Exon 8)	AAC/AAC	Clear
5. Muscular Dystrophy	DMD	AA	Clear
6. Progressive Retinal Atrophy, prcd	PRCD Exon 1	GG	Clear
Congenital Myasthenic Syndrome	COLG	GG	Clear
Dystrophic Epidermolysis Bullosa	COL7A1 (Exon 68)	GG	Clear
7. Neuronal Ceroid Lipofuscinosis	CLN5 (Exon 4 Deletion)	NN	Clear
Osteogenesis Imperfecta, Brittle Bone Disease	COL1A1 (Exon 18)	GG	Clear

Dog Information

Contessa "Nala" Joyful
NAME

INBREEDING AND DIVERSITY

Genetic Diversity	RESULT
Coefficient Of Inbreeding	33%
MHC Class II - DLA DRB1	High Diversity
MHC Class II - DLA DQA1 and DQB1	High Diversity



DNA Test Report

Dog Information

Contessa "Nala" Joyful
NAME

TRAIT TESTS (1/2)

Coat Color		RESULT
E Locus (MC1R)	No dark hairs anywhere	ee
K Locus (CBD103)	Not expressed	K ^{Bk} y
Intensity Loci LINKAGE	Any pigmented hair likely white or cream	Dilute Red Pigmentation
A Locus (ASIP)	Not expressed	a ^t a ^t
D Locus (MLPH)	Not expressed	DD
Cocoa (HPS3)	No co alleles, not expressed	NN
B Locus (TYRP1)	Likely black colored nose/feet	BB
Saddle Tan (RALY)	Not expressed	ll
S Locus (MITF)	Likely to have little to no white in coat	SS
M Locus (PMEL)	No merle alleles	mm
R Locus (USH2A) LINKAGE	Likely no impact on coat pattern	rr
H Locus (Harlequin)	No harlequin alleles	hh
Other Coat Traits		RESULT
Furnishings (RSPO2) LINKAGE	Likely unfurnished (no mustache, beard, and/or eyebrows)	ll
Coat Length (FGF5)	Likely long coat	TT
Shedding (MC5R)	Likely heavy/seasonal shedding	CC
Hairlessness (FOXI3) LINKAGE	Very unlikely to be hairless	NN
Hairlessness (SGK3)	Very unlikely to be hairless	NN

Dog Information

Contessa "Nala" Joyful
NAME

TRAIT TESTS (2/2)

Body Size		RESULT
Body Size (IGF1)	Larger	NN
Body Size (IGFR1)	Larger	GG
Body Size (STC2)	Larger	TT
Body Size (GHR - E191K)	Intermediate	GA
Body Size (GHR - P177L)	Larger	CC
Performance		RESULT
Altitude Adaptation (EPAS1)	Normal altitude tolerance	GG
Appetite (POMC) LINKAGE	Normal food motivation	NN