

AMERICAN KENNEL CLUB · FOUNDED 1884

Certified Pedigree

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

CONTESSA PHOEBE JOYFUL

SS07014805
GOLDEN RETRIEVER FEMALE LT GLDN
Microchip: 956000010404578
Date Whelped: 08/09/2018
Breeder: MS. JOY E MARTIN

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

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

MAJIK FINDERS KEEPERS
FKK 10716/07

MAJIK VISSI D'ARTE
FKK 40679/04

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

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 LUV
KCR AJ00489601 (01-10) AKC DNA #V581504

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®**

Erica D. V. Danks
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.



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.

544

AMERICAN KENNEL CLUB

NAME
CONTESSA PHOEBE JOYFUL

BREED
GOLDEN RETRIEVER

COLOR
LIGHT GOLDEN

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

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

BREEDER
MS. JOY E MARTIN

OWNER

NUMBER
SS07014805

SEX
FEMALE

DATE OF BIRTH
AUGUST 9, 2018



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

Please note, if you ordered multiple items at the time of registration, they will be mailed separately and should arrive shortly.

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

CONTESSA PHOEBE JOYFUL
registered name

GOLDEN RETRIEVER
breed

film/test/lab #

956000010404578
tattoo/microchip/DNA profile

2035891
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
1255 WILD HORSE RIDGE DR
DEFIANCE MO 63341

SS07014805
registration no.

F
sex

08/09/2018
date of birth

24
age at evaluation in months

GR-130217F24F-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



FAIR

OFA eCert



*Verify certificate
with QR scan*

www.ofa.org

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

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

CONTESSA PHOEBE JOYFUL
registered name

SS07014805
registration number

GOLDEN RETRIEVER
breed

F
sex

8/9/2018
date of birth

956000010404578
tattoo/microchip/DNA profile

5
age at evaluation in months

2035891
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
- 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: Greg 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

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

CONTESSA PHOEBE JOYFUL

registered name

SS07014805

registration no.

GOLDEN RETRIEVER

breed

F

sex

film/test/lab #

08/09/2018

date of birth

956000010404578

tattoo/microchip/DNA profile

24

age at evaluation in months

2035891

application number

GR-EL49808F24-VP1

O.F.A. NUMBER

08/31/2020

date of report

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

NORMAL

owner

JOY MARTIN

~~XXXXXXXXXXXXXXXXXXXX~~
DEFIANCE MO 63341

OFA eCert



Verify certificate
with QR scan

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

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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

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

LENS

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to lens

iris to iris

free floating

single

multiple

multiple

single

free floating

Ophthalmologist Name: **Dr. Joseph Garding EC537**

Ophthalmologist: **Animal Eye Clinic**

City: **Matthews, NC**

Phone: **704-844-8664**

Email: _____

Zip/postal code: _____

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

retinal detachment

retinal atrophy—generalized

CMR/CMR-like retinopathy

other presumed inherited retinopathy

retinal dysplasia

choroidal hypoplasia

coloboma

optic nerve coloboma

optic nerve hypoplasia

micropapilla

detached

geographic

folds

folds

geographic

detached

All name: **Phoebe**

Registered name: **Contessa Phoebe Joyful**

Breed: **Golden Retriever** Sex: **F**

Microchip/Tattoo: **950000010404578**

Registration Number: **5507014805** Other

Date of Birth (mm/dd/yy): **080918** Date of Exam (mm/dd/yy): **082521**

Owner Name: **Joy Martin**

Co-Owner Name: _____

Phone: **809-613-7510**

Owner Address: **155 Wild Horse Ridge Dr.**

City: **Delance** State: **VA** Zip/postal code: **23041**

E-Mail (use both lines if needed): **joy@joyfulppy.com**

I hereby certify that the animal examined in 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. 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) _____

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: _____ Date: **8/26/2021**

ACVO # **EC537**

Diplomate, American College of Veterinary Ophthalmologists

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



784567

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

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NORMAL

Comments: _____

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

03/16/21



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 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)

Ophthalmologist Name
 Ophthalmologist Addr
 City:
 Phone:
 Email:

Ben W. Johnson, D.V.M. EC112
 Animal Eye Associates
 10328 Manchester Road
 St. Louis, MO 63122

Call name: **Phoebe**
 Registered name: **Contessa Phoebe Joyful**
 Breed: **Golden Retriever Eng** Sex: **F**
 ID Number (if any): Tattoo Microchip
95000010404578
 Registration Number: **5507014805** AKC Other
 Date of Birth (mm/dd/yy): **080918** Date of Exam (mm/dd/yy): **082020**

Owner Name: **Joy Martin**
 Co-Owner Name: **Phoebe 209-613-7310**
 Owner Address: **[REDACTED]**
 City: **[REDACTED]** State: **[REDACTED]** Zip/postal code: **[REDACTED]**
 Email (use both lines if needed): **joyennettm.joy@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 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, 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]** ACVO # _____ Date _____
 Diploma: American College of Veterinary Ophthalmologists

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



682855

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

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 02/27/19

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>	<input type="checkbox"/>	keratoconjunctivitis sicca
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	glaucoma
<input type="checkbox"/>	ENTROPION	<input type="checkbox"/>	<input type="checkbox"/>	ENTROPION
<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>	ectropion
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>	ectopic cilia
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>	NICTITANS
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	<input type="checkbox"/>	gland prolapse
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>	CORNEA
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>	dystrophy — epithelial
<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>	pannus
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>	<input type="checkbox"/>	UVEA
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>	multiple
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>	single
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	free floating
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	multiple
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>	free floating
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>	endothelial opacity/no strands
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>	<input type="checkbox"/>	iris to iris
<input type="checkbox"/>	endothelial opacity/no strands	<input type="checkbox"/>	<input type="checkbox"/>	iris to lens
<input type="checkbox"/>	iris sheets	<input type="checkbox"/>	<input type="checkbox"/>	iris to cornea
<input type="checkbox"/>	iris to cornea	<input type="checkbox"/>	<input type="checkbox"/>	iris sheets
<input type="checkbox"/>	iris to lens	<input type="checkbox"/>	<input type="checkbox"/>	lens pigment foci/no strands
<input type="checkbox"/>	iris to iris	<input type="checkbox"/>	<input type="checkbox"/>	endothelial opacity/no strands

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	detached	<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment
<input type="checkbox"/>	geographic	<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized
<input type="checkbox"/>	folds	<input type="checkbox"/>	<input type="checkbox"/>	retinopathy
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	retinal dysplasia
<input type="checkbox"/>	coloboma	<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	coloboma
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia
<input type="checkbox"/>	OTHER CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>	micropapilla
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>	<input type="checkbox"/>	OTHER CONDITIONS
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as not inherited

Comments: _____

NORMAL



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

Call name: Phoebe Weight: kg lbs Estimate

Breed: Golden Retriever - English Sex: F

Site Registration #: SR9303601 Dam Registration #: SR93405210

ID Number (if any): 91560000110404578 Microchip: 5507014805

Registration Number: 0809118 DOB: 0811120

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

Owner Name: Joy Martin Phone: 201-413-7310

Co-Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip/postal code: _____

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, with permits the OFA to disclose non-passing results to the public.

Signature of owner or authorized agent/representative: _____

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiologist Name: Rebecca Saunders

Phone #: 636 227 9400 OFA Examiner #: CS39

E-Mail (use both lines if needed): drsaunders@vsss.com

Fees and credit card information on back of WHITE sheet.

12/22/15



C115110

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

MY: Normal Abnormal: Mild Moderate Severe

MR: 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 _____ EFSS: _____ mm

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

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

PapMuscle: Normal Abnormal

LVOT Normal Abnormal Ridge Other _____

AAV: Normal Abnormal: Mild Moderate Severe

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

AAV/LVOT Vel: Normal Abnormal (Apical Subcostal) _____ m/s

DLVOTO: 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 Vel: 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: equivocal: 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)

EQUIVOCAL

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

(evidence of congenital or adult onset inherited heart disease)

Diagnosis: ARVC ASD DCM HCM MVD MMVD PDA PS SASAS TYD VSD Other _____

Severity: Mild Moderate Severe

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

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

NO MICROCHIP/TATTOO PRESENT

Signature: Rebecca Saunders Date: 8/11/20

Dog Information

Contessa "Phoebe" Joyful
NAME

Golden Retriever
GENETIC BREED

AKC: SS07014805
REGISTRATION

Female
SEX

August 9th, 2018
DATE OF BIRTH











n/a
MICROCHIP

Joy Martin
OWNER NAME

Canine Genetic Health Screen
TEST

May 23rd, 2021
TEST DATE

BREED HEALTH TESTS

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

Dog Information

Contessa "Phoebe" Joyful
NAME

INBREEDING AND DIVERSITY

Genetic Diversity

RESULT

Coefficient Of Inbreeding

35%

MHC Class II - DLA DRB1

**No
Diversity**

MHC Class II - DLA DQA1 and DQB1

**No
Diversity**

Dog Information

Contessa "Phoebe" Joyful
NAME

TRAIT TESTS (1/2)

Coat Color		RESULT
E Locus (MC1R)	No dark hairs anywhere	ee
K Locus (CBD103)	Not expressed	K ^{Bk} k ^y
Intensity Loci LINKAGE	Any pigmented hair likely yellow or tan	Intermediate 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	NN
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

Dog Information

Contessa "Phoebe" 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)

Smaller AA

Body Size (GHR - P177L)

Larger CC

Performance

RESULT

Altitude Adaptation (EPAS1)

Normal altitude tolerance GG

Appetite (POMC) LINKAGE

Normal food motivation NN