

Canine Genetic Health Certificate™

Call Name:	Autumn	Laboratory #:	228769
Registered Name:	Discovery Tails Autumn	Registration #:	-
Breed:	Australian Labradoodle	Certificate Date:	Aug. 18, 2021
Sex:	Female		
DOB:	Jan. 2021		

This canine's DNA showed the following genotype(s):

Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Cone-Rod Dystrophy 4	<i>RPGRIP1</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/M	Carrier
Retinal Dysplasia/Oculoskeletal Dysplasia 1	<i>COL9A3</i>	WT/WT	Normal (clear)
Von Willebrand Disease I	<i>VWF</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

NOTE: The following fields were adjusted at the client's request on Aug 18, 2021: Call Name, Registered Name



Helen F Smith, PhD
Associate Laboratory Director



Christina J Ramirez, PhD, DVM, DACVP
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.

Coat Color and Trait Certificate

Call Name:	Autumn	Laboratory #:	228769
Registered Name:	Discovery Tails Autumn	Registration #:	-
Breed:	Australian Labradoodle	Certificate Date:	Feb. 4, 2022
Sex:	Female		
DOB:	Jan. 2021		

This canine's DNA showed the following genotype(s):

Coat Color/Trait Test	Gene	Genotype	Interpretation
A Locus (Agouti)	<i>ASIP</i>	a^t/a	Tricolor, black and tan (carries bicolor/solid)
B Locus (Brown)	<i>TYRP1</i>	B/b or b/b	Black or brown coat, nose and foot pads (carries at least one copy of brown)
E Locus (Apricot/Yellow/Red) - e (Common Variant Found in Many Breeds)	<i>MC1R</i>	e/e	Yellow/red
IC Locus (Improper Coat/Furnishings)	<i>RSPO2</i>	F/F	Furnishings
K Locus (Dominant Black)	<i>CBD103</i>	K^B/k^Y	No agouti expression allowed (carrier)
S Locus (White Spotting, Parti, or Piebald)	<i>MITF</i>	S/S	No white spotting, flash, parti, or piebald

Interpretation:

This dog carries one copy of a^t and one copy of a which results in tan points and can also present as a black and tan or tricolor coat color. However, this dog's coat color is also dependent on the E, K, and B genes. The tan point coat color is only expressed if the dog is also E/E or E/e at the E locus and k^Y/k^Y at the K locus. This dog will pass on a^t to 50% of its offspring and a to 50% of its offspring.

This dog carries one or more copies of the four possible b mutations and has a B locus genotype of **B/b** or **b/b** that cannot be distinguished without additional testing of parental samples or by examining the coat, nose and footpad color of the dog. Dogs inherit two copies of the B locus, one from each parent. Because there are four different B locus mutations that can potentially be identified, as well as some limitations inherent to genetic testing methodologies currently available, a result of "B/b or b/b" means that it cannot be determined if the b mutations identified in this dog are present on the same copy of the B locus inherited from one parent or if they occur on separate copies of the B locus inherited from each of the parents. If the mutations identified are all present on the same copy of the B locus, this dog will have a **B/b** genotype and typically will have a black coat, nose and footpads. If the mutations identified are present on different copies of the B locus, this dog will have a **b/b** genotype and may have a brown coat, and will typically have a brown nose and footpads. Depending on the breed, b/b dogs may be referred to as brown, chocolate, liver or red. However, this dog's coat color is dependent on the genotypes of many other genes. The B locus genotype for this dog can be inferred without the need for parental testing by evaluating the color of this dog's nose. If this dog's nose is brown, the B locus genotype of this dog must be **b/b** and this dog will pass one copy of **b** to 100% of its offspring. If this dog's nose is black, the final B locus genotype of this dog must be **B/b** and this dog will pass one copy of **B** to 50% of its offspring and one copy of **b** to 50% of its offspring. In either case, this dog carries at least one copy of **b** and can produce b/b offspring if bred to a dog that is also a carrier of a b mutation (B/b or b/b).

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

DISCOVERY TAILS AUTUMN
registered name

AUSTRALIAN LABRADOODLE
sex/breed

521817
film/test/lab #

933000320481257
tattoo/microchip/DNA profile

2319175
application number

12/29/2021
date of report

RESULTS:

Based upon the exam dated 12/16/2021, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

WALA00064302
registration no.

F

01/28/2021
date of birth

10
age at evaluation in months



A Not-For-Profit Organization



LD-EYE3934/10F-VPI
O.F.A. NUMBER

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

NORMAL

owner
VICKI MCCORMACK
81 EASTGATE PL
SEQUIM WA 98382

OFA eCert



Verify certificate
with QR scan

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

www.ofa.org

This electronic OFA certificate was generated on: 12/29/2021

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email CORRECTIONS@OFFA.ORG to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806

OFA website: www.ofa.org
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

Office Use Only
 APPL _____
 RAD _____
 CK _____
 214T95



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418 | Fax (573) 875-5073
 Email ofa@ofa.org | www.ofa.org
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Office Use Only

Application for Patellar Luxation Database

Registered name: DISCOVERY TAILS AUTUMN "AUTUMN"		AKC registration number:	Other registry name: WALA	
Breed: AUSTRALIAN LABRADOODLE		Sex: F	Date of birth (MM/DD/YY): 01/28/2021	
Microchip/tattoo: 933000320481257		Registration number of sire: WALA00009343	Registration number of dam: WALA00009344	
Owner name: VICKI MCCORMACK		Date of evaluation (MM/DD/YY): 12/13/2021		
Co-owner name:		Examining veterinary clinic: HURRICANE RIDGE VETERINARY HOSPITAL		
Mailing address: 81 EASTGATE PL		Mailing address: 660 N 7TH AVE		
City: SEQUIM	State: WA	Zip/postal code: 98382	City: SEQUIM	State: WA
Phone: (360) 808-9800	E-mail: DISCOVERYTAILS@GMAIL.COM	Phone: (360) 681-0117	E-mail: TECHNICIAN@HURRICANERIDGEVET.COM	

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 Vicki McCormack

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 or authorized representative).

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 microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature _____ Specialty: Practitioner Specialist Date 12/20/21

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 Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

do not send this form to OFA

Card number _____ Cardholder name _____ Exp MM/YY _____ CW _____

CASE: 214T95
 Affected dogs and resubmits are no charge



Orthopedic Foundation for Animals
Elbow Dysplasia Evaluation Report



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Organization

DISCOVERY TAILS AUTUMN
registered name

WALA00064302
registration no.

AUSTRALIAN LABRADOODLE
breed

F
sex

film/test/lab #

01/28/2021
date of birth

933000320481257
tattoo/microchip/DNA profile

10
age at evaluation in months

2319175
application number

01/03/2022
date of report

Owner

VICKI MCCORMACK
81 EASTGATE PL
SEQUIM WA 98382

Veterinarian

HURRICANE RIDGE VETERINARY HOSPITAL
660 N 7TH AVE
SEQUIM WA 98382

Preliminary Elbow Dysplasia Evaluation Report

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 _____

G.G. Keller, DVM

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

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

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 Email ofa@ofa.org | www.ofa.org
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Application for Basic Cardiac Database

Registered name: DISCOVERY TAILS AUTUMN "AUTUMN"			AKC registration number:			Other registry name: WALA					
Breed: AUSTRALIAN LABRADOODLE			Sex: F			Date of birth (MM/DD/YY): 01/28/2021					
Microchip/tattoo: 933000320481257			Registration number of sire: WALA00009343			Registration number of dam: WALA00009344					
Owner name: VICKI MCCORMACK			Co-Owner name:			Examining veterinary/clinic: HURRICANE RIDGE VETERINARY HOSPITAL					
Mailing address: 81 EASTGATE PL			Mailing address: 660 N 7TH AVE			Date of evaluation (MM/DD/YY): 12/13/2021					
City: SEQUIM		State: WA		Zip/postal code: 98382		City: SEQUIM		State: WA		Zip/postal code: 98382	
Phone: (360) 808-9800			E-mail: DISCOVERYTAILS@GMAIL.COM			Phone: (360) 681-0117			E-mail: TECHNICIAN@HURRICANERIDGEVET.COM		

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative *Vicki McCormack*

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)					
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>	
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous	<input type="checkbox"/>	
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>	

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected 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 microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature: _____ Date: **12/20/21**

Check one box: Practitioner, Specialist, Cardiologist

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

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

DO NOT SEND THIS FORM TO OFA

Card number _____ Cardholder name _____ Exp date MM/YY _____ CW _____



03/2021 CASE: 214T95

Orthopedic Foundation for Animals
Hip Dysplasia Evaluation Report



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Organization

DISCOVERY TAILS AUTUMN
registered name

WALA00064302
registration no.

AUSTRALIAN LABRADOODLE
breed

F
sex

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SEQUIM WA 98382

Veterinarian

HURRICANE RIDGE VETERINARY HOSPITAL
660 N 7TH AVE
SEQUIM WA 98382

Preliminary Hip Dysplasia Evaluation Report

_____ **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

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

G.G. Keller, DVM

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CHIEF OF VETERINARY SERVICES