

**Orthopedic Foundation for Animals**

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

Registered name: Moose Lake In Motion (Wike)  
 Breed: Labrador Retriever Sex: F  
 # of Number of eyes: 2 Color: Black Microchip: 952000000557900  
 Registration Number: 2N487419 Color: Black  
 Date of Birth: 27/07/12 Date of Exam: 02/10/13

Owner name: Laurie Desmarville  
 Owner Address: 265 Constance Lake Rd  
 City: Khato State: Ontario Postal code: K2M1X7  
 I Mail (see both lines if needed)

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)

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 CVV

9/12/12

**039910**

**Application for Eye Database**

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
EYELIDS				
<input type="checkbox"/>	<input type="checkbox"/>	entropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>
NICITANS				
<input type="checkbox"/>	<input type="checkbox"/>	cartilage anomaly/inversion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>
CORNEA				
<input type="checkbox"/>	<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>	<input type="checkbox"/>
UVEA				
<input type="checkbox"/>	<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>	<input type="checkbox"/>
LENS				
<input type="checkbox"/>	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	<input type="checkbox"/>
VITREOUS				
<input type="checkbox"/>	<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	degeneration	<input type="checkbox"/>	<input type="checkbox"/>

Determinator name: \_\_\_\_\_  
 Determinator Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Dr. David Tinsley EC176  
 Ophthalmology Referral Service  
 2616 Bank St  
 Ottawa, ON K1T 1M9  
 CANADA

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

**NORMAL**

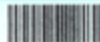
I DID verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog

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

Signature: Dr. David Tinsley Date: Sept 2/13  
 Diplomat, American College of Veterinary Ophthalmologists

Comments

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



MOOSE LAKE'S IN MOTION  
*registered name*

ZN487419  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

7/27/2012  
*date of birth*

952000000557900  
*tattoo/microchip/DNA profile*

28  
*age at evaluation in months*

1615917  
*application number*

1/9/2015  
*date of report*

LR-EL65875F28-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

**RESULTS:**

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

NORMAL

owner

LAURIE QUENNEVILLE  
20 CONSTANCE LAKE RD  
KANATA, ON K2K1X7  
CANADA

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

**OPTIGEN**<sup>®</sup> LLC

for the genetic advantage

**Test Report**

Laurie Quenneville  
20 Constance Lake Rd.  
Kanata, Ontario K2K 1X7  
Canada

Optigen Accession #: 13-1388  
Report issued for: Nike

**OptiGen Test Certificate****Optigen Accession #: 13-1388****Test Completed: 02/15/2013  
Report Issued: 02/18/2013****Test Performed: prcd Mutation Test for PRA****Result: Normal  
Sample Type: Blood****Registered Name: N/A****Reg#: N/A****Breed: Labrador Retriever****ID#: 952000000557900****Sex: Female****Date of Birth: July 27, 2012****Owner(s):****Laurie Quenneville**

*Susan Peanetelling*  
OptiGen Authorized Signature

[www.optigen.com](http://www.optigen.com)**Test Results:** Genotype of your dog is **NORMAL/CLEAR**.**Risk for developing prcd-PRA:** This dog will never develop the prcd form of PRA (progressive rod-cone degeneration form of Progressive Retinal Atrophy). So far, the only inherited PRA disease known in dogs of your breed is the prcd form of PRA.**Significance for breeding:** Genetically Normal/Clear dogs can be bred to any dog and will produce no pups affected with the prcd form of PRA.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing the prcd form of PRA in Labrador Retrievers as of the date on this report.

For further information, please consult the OptiGen website at [www.optigen.com](http://www.optigen.com). Note: The use of this test is patent protected and licensed to OptiGen. See [http://www.optigen.com/opt9\\_patent.html](http://www.optigen.com/opt9_patent.html) for details.**International DNA Based Genetic Database:** To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. [www.ofa.org](http://www.ofa.org)

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative: \_\_\_\_\_

**Cornell Business & Technology Park**

tel: 607.257.0301

fax: 607.257.0353

677 Warren Road, Suite 300, Ithaca, NY 14850

email: [genetest@optigen.com](mailto:genetest@optigen.com)web: [www.optigen.com](http://www.optigen.com)

Carleton Veterinary Services  
2137 Roger Stevens Drive  
North Gower, Ontario  
K0A 2T0  
Phone 613-489-2525  
carletonvetservices@yahoo.ca

March 6, 2014

Today Carleton Veterinary Services did OFA style radiographs of the pelvis and both elbows on a black lab owned by MooseLake Labradors. CH MooseLake In Motion (kennel name Nike) in my opinion has good hips and elbows; there is no evidence of dysplasia.

CKC Registration Number: ZN487419

Microchip Number: 952000000557900

Thank You

A handwritten signature in black ink, appearing to be 'KB', with a long horizontal line extending to the right.

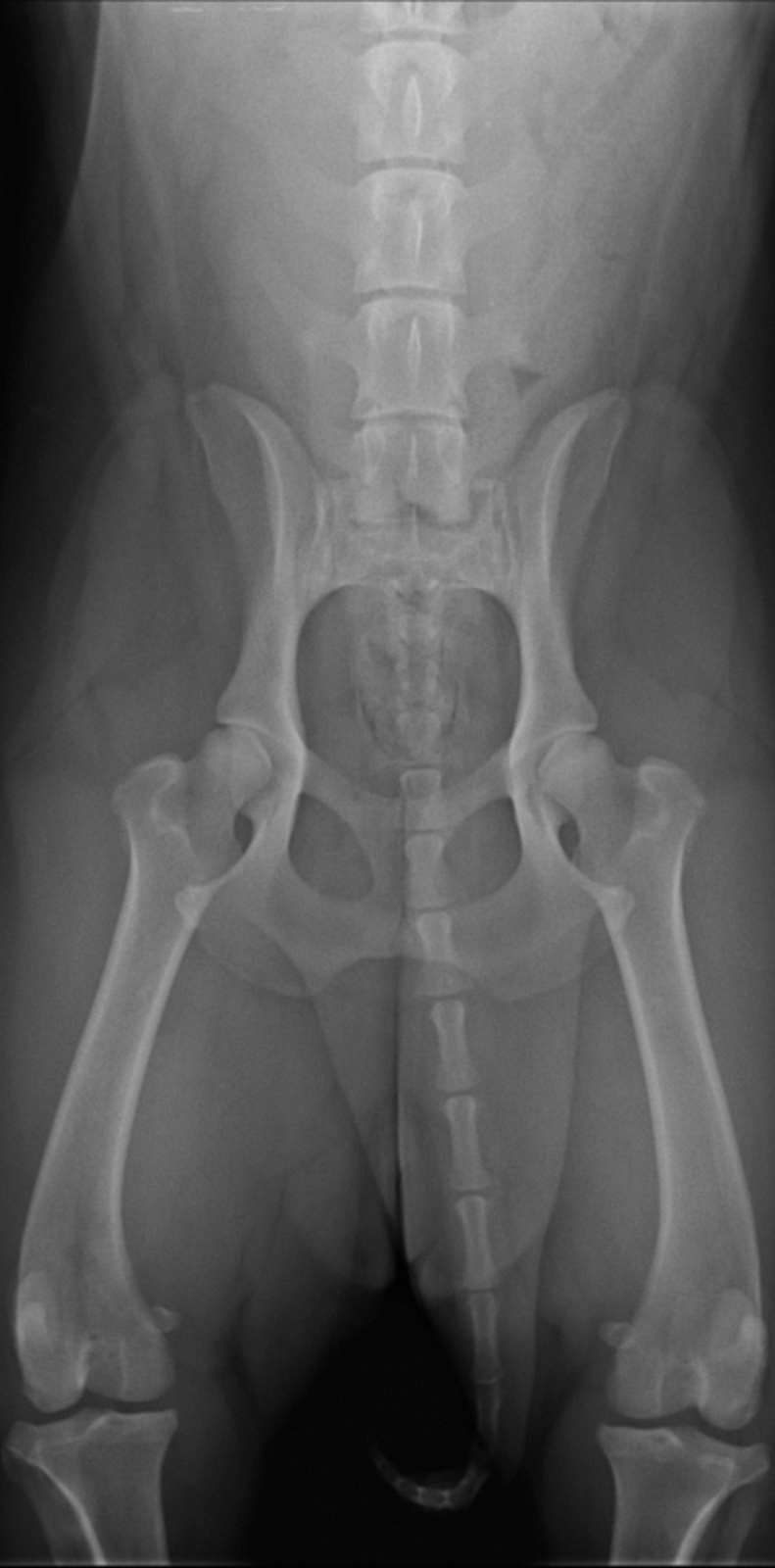
Kevin Bacon, DVM

Pelvis VD

3/6/14 10:23:05

R

NIKE  
QUENNEVILLE, LAURIE  
7/11/12



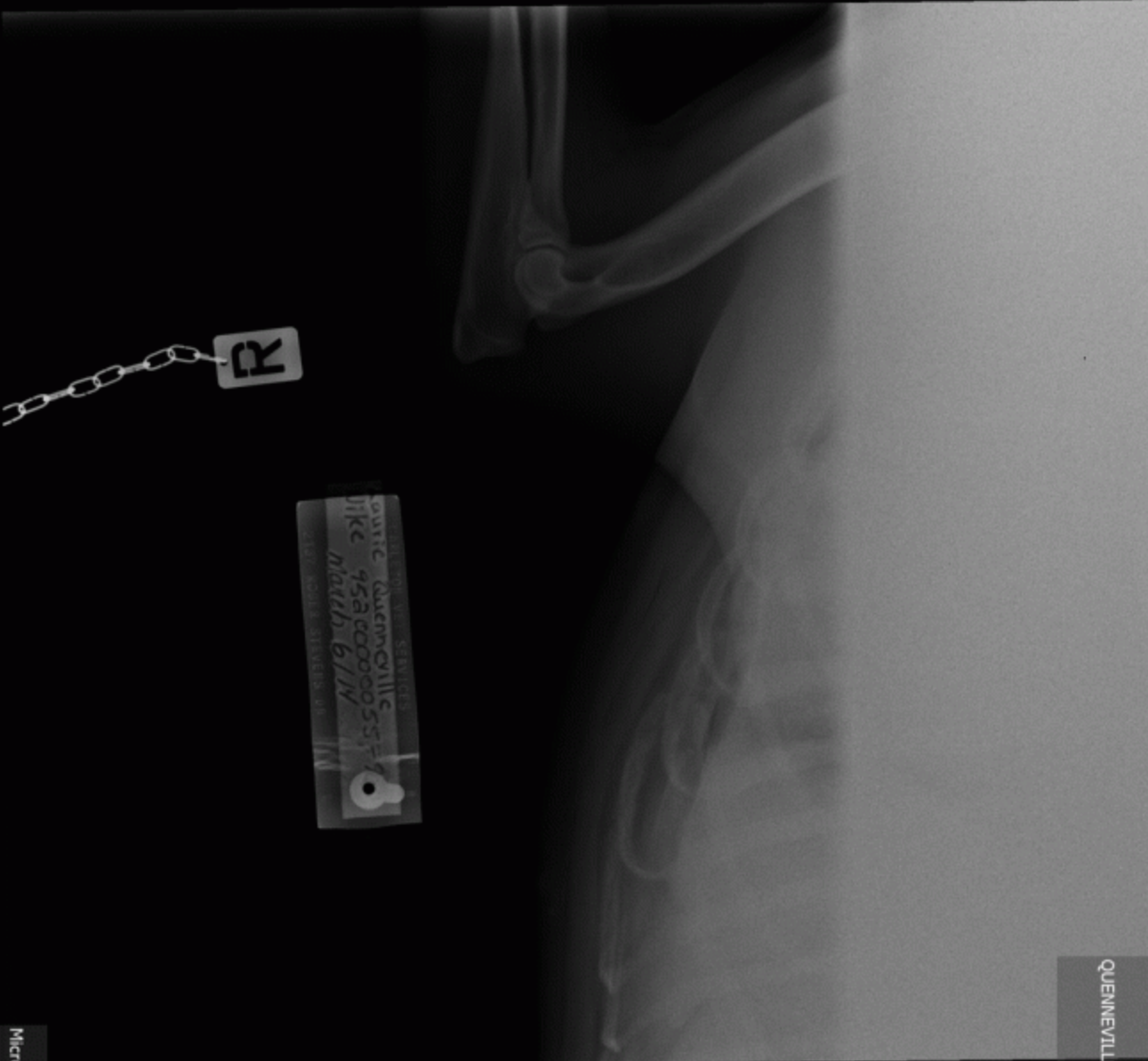
Microchip Id:





ALL ABOUT VET SERVICES  
QUENNEVILLE  
# 120  
March 6/14  
2127 82211 STEVENS AB

LOWE'S  
01/17



R

QUENNEVILLE SERVICES  
QUENNEVILLE  
NIKE 95A00000555  
March 6/14  
11