

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

HIGHMARK ALREADY A LEGEND @ KELSTON

registered name

GOLDEN RETRIEVER

breed

LIGHT GOLDEN

color

985121007737647

retro/vic/ruchip/DNA profile

1453527

application number

6/30/2011

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:

SR56002805

registration no.

M

sex

3/26/2009

date of birth

26

age at evaluation in months

GR-103516G26M-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

JANE VANWINGERDEN

3756 HIDDEN LAKE LN

LEXINGTON, KY 40516

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

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

www.offa.org

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HIGHMARK ALREADY A LEGEND @ KELSTON

registered name

GOLDEN RETRIEVER

breed

LIGHT GOLDEN

color

985121007737647

retro/vic/ruchip/DNA profile

1453527

application number

6/30/2011

date of report

RESULTS:

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

SR56002805

registration no.

M

sex

3/26/2009

date of birth

26

age at evaluation in months

GR-EL24619M26-VPI

O.F.A. NUMBER

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NORMAL

owner

JANE VANWINGERDEN

3756 HIDDEN LAKE LN

LEXINGTON, KY 40516

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

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

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Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.offa.org
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Application for Congenital Cardiac Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):	Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC SR 56002805	Other registry name:
Registered name: Highmark Already beyond @ Kelston	Sex: M	Other registry #:
Breed: Golden Retriever	Date of Birth (month-day-year): March 26 2009	Color: Golden
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 935 121007737647	Registration number of sire: SR21304601	Registration number of dam: SR25825701
Owner name: Jane Vanwirgerden	Examining veterinarian's name or veterinary hospital: Rebecca E. Gompf DVM, MS	
Co-Owner name:	Mailing Address: University of Tennessee-CVM VTH C247 Dept. of SACS	
Mailing address: 3756 Hidden Lake Ln	City: Knoxville	State: TN
City: Lexington	State: KY	Zip/postal code: 37996
Zip/postal code: 405169732	City: Knoxville	State: TN
Phone: 859-435-5086	Phone: 865-974-8387	E-mail:

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 abnormal results to the public.
 Signature of owner or authorized representative: *[Signature]*

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): *[Signature]*

Veterinary Instructions

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

Auscultation is within normal limits. Additional diagnostic studies not indicated.
 Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
 Auscultation reveals a moderate to loud heart murmur.
 Auscultation was performed after exercise and revealed:
 Normal heart sounds without a cardiac murmur.
 A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:
 Timings: systolic diastolic continuous
 Point of maximal intensity:
 Mitral valve area Aortic or subaortic area
 Pulmonary valve area Tricuspid valve area
 Other location: _____
 Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):
 Echocardiography with Doppler was performed and the results were within limits of normal.
 Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
 Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.
 pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:
 Normal cardiovascular examination—congenital heart disease is not evident
 Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
 Abnormal cardiovascular examination indicative of congenital heart disease; indicate 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 tattoo/microchip on this dog. I DID NOT verify tattoo/microchip on this dog
[Signature] Specialty: Practitioner, Specialist, Cardiologist Date: 3/14/11

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 per study
 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 _____ Exp Date _____ CVV (security code) _____
 Affected Animals and Resubmits at No Charge



ORIGINAL

CANINE EYE REGISTRATION FOUNDATION
1717 S. Philo Rd. Suite #15. Urbana, IL 61802

Telephone: 217-693-4800

Email: cerf@vmdb.org

06/21/2011

BREED	GOLDEN RETRIEVER			CERF #	GR-353644		
REGISTRATION NAME	HIGHMARK ALREADY A LEGEND @ KELSTON				Identification Not Verified/Scanned		
REGISTRATION NUMBER	SR56002805	COLOR	GOLDEN	BIRTH DATE	03/28/2009	SEX	M
JANE VAN WINGERDEN 3756 HIDDEN LAKE LN LEXINGTON, KY 40516				DATE EXAMINED	06/11/2011		
				PERMANENT IDENTIFICATION	985 121 007 737 847		
				BREEDER OPTION DIAGNOSIS (details on back) No inherited eye disease found			

THIS CERTIFICATE IS VALID ONLY FOR 12 MONTHS, FROM DATE OF EXAMINATION. Certification relates to PHENOTYPE (appearance) only at time of examination; it implies no clearance for GENOTYPE (possible "carrier") or for heritable ocular disease developing subsequent to date of examination.
WARNING: certificate invalid if background not printed in blue ink with the word "original" printed in red ink.