

Purebred Dog Certificate of Registration Certificat d'enregistrement de chien de race pure

Reg. No.: XU390213

lame: STAGHORN'S BLACK PLAID

Date Issue: 28-APR-2011

Breed: RETRIEVER (LABRADOR)

Date of Birth: 26-OCT-2010

Litter No.: SA072509XU

72509XU Colour:

BLACK

Tattoo Markings and/or Microchip No.:

DUV 35X LE

Sex: FEMALE

Progeny: 4M 2F

Sire's Reg'd No. & Name:

TY191564 CH CASTLEGAR LUBBERLINE THE EAGLE

Dam's Reg'd No. & Name:

SA072509 CH STAGHORN BEARRIDGE CALIBER

Breeder: OWNER AT BIRTH

Owner at Birth: LINDA J. WYATT (0794735)

Address: 1401 COUNTY RD 1 WEST RR 6

City Prov P/C: NAPANEE ON K7R 3L1

Ref No.: 50052469

OCR No.: CMK-621B

Purchase Date:

Owner: LINDA J. WYATT, NAPANEE, ON

Foreign Reg No.:

Importer:

The Canadian Kennel Club is an animal pedigree association incorporated under the Animal Pedigree Act.

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

STAGHORN'S BLACK PLAID registered name

LABRADOR RETRIEVER

DUV 35X (LE) tattoo/microchip/DNA profile

1555316 application number

1/23/2013 date of report

RESULTS:

XXXXXXXXXXXXXX

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

GOOD

XU390213

10/26/2010 date of birth 26

O.F.A. NUMBER

age at evaluation in months

LR-201433G26F-PI

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

registration no.

LINDA J. WYATT 1401 CO RD 1 W RR 6 NAPANEE, ONTARIO K7R3L1 CANADA AA Kellerdin

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

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

STAGHORN'S BLACK PLAID

LABRADOR RETRIEVER

DUV 35X (LE) tattoo/microchip/DNA profile

1555316

1/23/2013 date of report

RESULTS:

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

NORMAL

XU390213

10/26/2010 date of birth

O.F.A. NUMBER

age at evaluation in months

LR-EL57377F26-PI

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

26

LINDA J. WYATT 1401 CO RD 1 W RR 6 NAPANEE, ONTARIO K7R3L1 CANADA G.G.KELLER. D.V.M., M.S., DACVR CHIEF OF VETERINARY SERVICES

NDAT

A Not-For-Profit Organization

A Not-For-Profit Organization



Orthopedic Foundation for Animals

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

Registered name:	
STAGHORDS BI	LACK PLAID
Bjregd:	Sex:
LABRADOR K	ETRIEVER T
ID Number (if any): Zattoo	☐ Microchip
DUV 35X	LE
Registration Number:	□ Other
XU390213	
Date of Birth:	Date of Exam
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Owner.name:	12.10
rinad J.	WYHII
Owner Address:	COLOGN
TO T COON	
City: NAPANEE	State: Zip/postal code:
E-Mail (use both lines if needed):	
11 nda@5t	aghorn-
labs, com	

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 aurhorized 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
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- 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	

Application for Eye Database RIGHT EVE GLOBE LEET EVE

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le	Dr. David Tinsley EC176 Ophthalmology Referral Service	
it	2616 Bank St	postal code:
Ph	Ottawa, ON K1T 1M9	
m	CANADA	

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generalized

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					Unlisted conditions suspected as inherited. Describe in comments				
					Unlisted conditions suspected as not inherited				
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I certify that I have performed this ophthalmic examination using pharmacological mydriasis on hthalmoscopy and biomicroscopy

Signature	201	Ma	1.5	Date
Diplomate, Ame	erican College of Ve	erinary Ophthalmol	logists	
Comments				

Comments	•		

OWNER	+		Phone	and the second					
Linda Winat	1	1.	13-	354-9267	/INA			999	
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stashorns	Black t	Pold			REGISTRATION		(519) 554-2040	
Breed/Variety	Coat color/type		Permanent	D#	FOUNDATION			ww.myeyevet.ca	
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OWNER		Phone			
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Breed/Variety C	Coat color/type	Permanent ID#	REGISTRATION		519) 822-8275
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For litters, add number.	"I hereby declare that the ani- for exam is the animal des Furthermore, I declare I am agent of the owner of this anim	mai submitted RIGHT cribed above.			RIGHT EYE FUNDUS LEFT EYE
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VACCINATION CERTIFICATE

Account #: 19 Animal: Sheena
Owner: Linda Wyatt-de Groot Species: Canine

Address: RR #6
Breed: Labrador Retriever
1401 County Rd. 1 W.

Color: Black

1401 County Rd. 1 W.
Napanee, ON K7R3L1

Color: Black
Gender: Female

Phone: (613)354-9267

Birthdate: 10/26/2010

(705)924-8025 6work Age: 3 years 4 months 19 days

Weight: 31.90

Chip #:



Date	Vaccine	Manufacturer	Serial #	Туре	Tag #	Due on
03/14/2014	Parvovirus (Triennial)					03/10/2017
03/14/2014	Lyme Disease (Annual)					03/13/2015
03/25/2013	Distemper (Triennial)					03/21/2016
02/11/2012	Hepatitis/Parainfluenza (1st Annual) Reminder					02/07/2015
02/11/2012	Rabies - Canine (Triennial)	Pfizer Animal Health	S165822C	Killed	0014	02/07/2015

Lennox & Addington Animal Hospital

11 Commercial Crt.
Napanee, Ontario K7R- 4A2

(613) 354-1020

FAX: (613) 354-2060

laah@yourvet.ca • www.YourVet.ca

Dr. Jennifer Weeks-Llera

03/14/2014

7308