

CANADIAN KENNEL CLUB



CLUB CANIN CANADIEN

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

Reg. No.: **XU390213**

Name: **STAGHORN'S BLACK PLAID**

Date Issue: **28-APR-2011**

Breed: **RETRIEVER (LABRADOR)**

Date of Birth: **26-OCT-2010**

Litter No.: **SA072509XU**

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

*breed*

DUV 35X (LE)

*tattoo/microchip/DNA profile*

1555316

*application number*

1/23/2013

*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:

XU390213

*registration no.*

F

*sex*

10/26/2010

*date of birth*

26

*age at evaluation in months*

LR-201433G26F-PI

*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

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

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

owner

LINDA J. WYATT

1401 CO RD 1 W RR 6

NAPANEE, ONTARIO K7R3L1

CANADA

[www.offa.org](http://www.offa.org)

# ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

STAGHORN'S BLACK PLAID

*registered name*

LABRADOR RETRIEVER

*breed*

DUV 35X (LE)

*tattoo/microchip/DNA profile*

1555316

*application number*

1/23/2013

*date of report*

## RESULTS:

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

XU390213

*registration no.*

F

*sex*

10/26/2010

*date of birth*

26

*age at evaluation in months*

LR-EL57377F26-PI

*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

NORMAL

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

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

owner

LINDA J. WYATT

1401 CO RD 1 W RR 6

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# 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: **STAGHORN'S BLACK PLAIN**

Breed: **LABRADOR RETRIEVER** Sex: **F**

ID Number (if any): ☒ Tattoo ☐ Microchip

Registration Number: ☐ AKC ☐ Other

Date of Birth: **2600210** Date of Exam: **05MA13**

Owner name: **Linda J. WYATT**

Owner Address: **1401 COUNTY RD 1 W**

City: **NAPA, OR** State: **OR** Zip/postal code: **97631**

E-Mail (use both lines if needed): **linda@staghorn-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 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

039821

## Application for Eye Database

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

Veterinarian name: **Dr. David Tinsley EC176**

Ophthalmology Referral Service

2616 Bank St

Ottawa, ON K1T 1M9

CANADA

postal code: \_\_\_\_\_

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	retinal detachment		<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy—generalized		<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy		<input type="checkbox"/>	
<b>retinal dysplasia</b>				
<input type="checkbox"/>	choroidal hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	micropapilla		<input type="checkbox"/>	
<b>OTHER CONDITIONS</b>				
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments			<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited			<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: **May 5/13**

Diplomate, American College of Veterinary Ophthalmologists

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomate copy

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**223**  
**Nick Whalen, Diplomate ACVO**  
**Whalen Veterinary Professional Corp.**  
**Guelph, Ontario, Canada N1L 1T4**  
**(519) 822-8275**

Owner Copy

\*Please note to ensure proper registration this original owner's copy must be mailed directly to CERF\*



# VACCINATION CERTIFICATE

Account #: 19

Owner: Linda Wyatt-de Groot

Address: RR #6  
1401 County Rd. 1 W.  
Napanea, ON K7R3L1

Phone: (613)354-9267

(705)924-8025

6work

Animal: Sheena

Species: Canine

Breed: Labrador Retriever

Color: Black

Gender: Female

Birthdate: 10/26/2010

Age: 3 years 4 months 19 days

Weight: 31.90

Chip #:



Date	Vaccine	Manufacturer	Serial #	Type	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.**

**Napanea, Ontario K7R- 4A2**

**(613) 354-1020**

**FAX: (613) 354-2060**

**laah@yourvet.ca • www.YourVet.ca**

**Dr. Jennifer Weeks-Dlera**  
7308

**03/14/2014**

*Dr. Jason Shepherd (5213)*