

THE AMERICAN KENNEL CLUB

CHAMPIONSHIP CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)

POPWAY'S EASTBOUND AND DOWN CGC TKN ~ SS31366901

bred by

NANCY POPLIN

owned by

NANCY POPLIN

having completed the requirements on

JULY 23, 2023

has been officially recorded a

CHAMPION

by The American Kennel Club



**AMERICAN
KENNEL CLUB®**

Gene D. Vande
Executive Secretary

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

POPWAY'S EASTBOUND AND DOWN, CH, CGC, TKN
registered name

SS31366901
registration no.

LABRADOR RETRIEVER
breed

M
sex

film/test/lab #

11/29/2021
date of birth

956000012707044
tattoo/microchip/DNA profile

24
age at evaluation in months



A Not-For-Profit Organization

2385039
application number

12/13/2023
date of report

LR-272169E24M-U-VPI
O.F.A. NUMBER

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

RESULTS:

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

EXCELLENT

owner NANCY POPLIN
13680 FIVE POINT RD
LOCUST NC 28097

OFA eCert



Verify 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: 12/13/2023

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

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

POPWAY'S EASTBOUND AND DOWN, CH, CGC, TKN
registered name

SS31366901
registration no.

LABRADOR RETRIEVER
breed

M
sex

film/test/lab #

11/29/2021
date of birth

956000012707044
tattoo/microchip/DNA profile

24
age at evaluation in months

2385039
application number

12/13/2023
date of report

RESULTS:

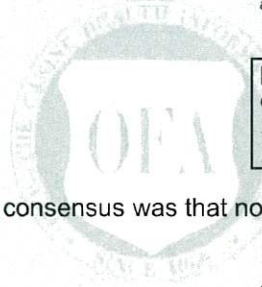
Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

LR-EL119317M24-U-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



NORMAL

owner NANCY POPLIN
13680 FIVE POINT RD
LOCUST NC 28097

OFA eCert



Verify QR scan

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

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Phone number: 573-442-0418
Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

POPWAY'S EASTBOUND AND DOWN, CH, CGC, TKN
registered name

SS31366901
registration no.

LABRADOR RETRIEVER
breed

M
sex

C169753
film/test/lab #

11/29/2021
date of birth

956000012707044
tattoo/microchip/DNA profile

25
age at evaluation in months



A Not-For-Profit Organization

2385039
application number

01/31/2024
date of report

LR-ACA4679/25M-VPI
O.F.A. NUMBER

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

RESULTS:

NORMAL: NO EVIDENCE OF CONGENITAL OR ADULT ONSET INHERITED HEART DISEASE --
AUSCULTATION & ECHO (NOTE: THE CONGENITAL CLEARANCE IS CONSIDERED PERMANENT;
ADULT ONSET CLEARANCE VALID FOR 1 YEAR FROM TEST DATE 01/27/2024.)

NORMAL AO/CONG, AUSC/ECHO

owner

NANCY POPLIN
13680 FIVE POINT RD
LOCUST NC 28097

OFA eCert



Verify 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: 01/31/2024

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Orthopedic Foundation for Animals
 2300 E. Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Email: ofa@ofa.org
 www.ofa.org. A not-for-profit organization

Call name: Keed
 Registered name: Popoay's Eastbound AND Down
 Breed: Cabrador Retriever Sex: M
 ID Number (if any): Tattoo Microchip
956 0000 127 07044
 Registration Number: Mic Other
553136601
 Date of Birth (mm/dd/yy): 11 29 21 Date of Exam (mm/dd/yy): 07 08 23
 Owner Name: Nancy Poplin Phone: 7044675183
 Co-Owner Name: _____
 Owner Address: 13680 Five Point Rd
 City: Cocust State: NC Zip/postal code: 28017
 E-Mail (use both lines if needed): NPoplin1@gmail.com

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Nancy Poplin
 Signature of owner or authorized agent/representative

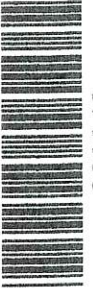
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog
 NO MICROCHIP/TATTOO PRESENT

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

Signature: _____ Date: 7/8/23
 ACVO # 363
 Diplomat, American College of Veterinary Ophthalmologists

FEEs AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



883043

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Josh Broadwater EC363
Charlotte Animal Referral & Emergency
Charlotte, NC Zip/postal code: _____
 Phone: 704-457-2690
 Email: _____

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/> microphthalmos		
<input type="checkbox"/> keratoconjunctivitis sicca		
<input type="checkbox"/> glaucoma		
EYELIDS		
<input type="checkbox"/> entropion		
<input type="checkbox"/> ectropion		
<input type="checkbox"/> distichiasis		
<input type="checkbox"/> ectopic cilia		
<input type="checkbox"/> imperforate lacrimal punctum		
NICTITANS		
<input type="checkbox"/> cartilage anomaly/eversion		
<input type="checkbox"/> gland prolapse		
<input type="checkbox"/> plasmoma/atypical pannus		
CORNEA		
<input type="checkbox"/> dystrophy—epithelial/stromal		
<input type="checkbox"/> dystrophy—endothelial		
<input type="checkbox"/> pannus		
<input type="checkbox"/> pigmentary keratitis/keratopathy		
UVEA		
<input type="checkbox"/> uveal cyst		
<input type="checkbox"/> iris coloboma		
<input type="checkbox"/> iris hypoplasia		
<input type="checkbox"/> iris sphincter dysplasia		
<input type="checkbox"/> pigmentary uveitis		
persistent pupillary membranes		
<input type="checkbox"/> Incomp.		
<input type="checkbox"/> Incp.		
<input type="checkbox"/> Punc.		
<input type="checkbox"/> Anterior cortex		
<input type="checkbox"/> Posterior cortex		
<input type="checkbox"/> Equatorial cortex		
<input type="checkbox"/> Anterior sutures		
<input type="checkbox"/> Posterior sutures		
<input type="checkbox"/> Nucleus		
<input type="checkbox"/> Capsular		
<input type="checkbox"/> Generalized/complete		
<input type="checkbox"/> Resorbing/hypermature		
Significance Unknown/Suspect Not Inherited		
<input type="checkbox"/> posterior Y-suture tip opacities		
<input type="checkbox"/> subluxation/luxation		
VITREOUS		
<input type="checkbox"/> PHPV/PHTVL		
<input type="checkbox"/> persistent hyaloid artery		
<input type="checkbox"/> degeneration		
<input type="checkbox"/> ant. chamber		
<input type="checkbox"/> syneresis		

CORNEA	CORNEA
T 	N
A 	A
<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> endothelial opacity/no strands
<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> lens pigment foci/no strands
<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris sheets
<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to lens
<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to cornea
<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to iris
<input type="checkbox"/> multiple	<input type="checkbox"/> multiple
<input type="checkbox"/> single	<input type="checkbox"/> single
<input type="checkbox"/> free floating	<input type="checkbox"/> free floating
<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> persistent pupillary membranes

CATARACT	CATARACT
T 	T
A 	A
<input type="checkbox"/> Incomp.	<input type="checkbox"/> Incomp.
<input type="checkbox"/> Incp.	<input type="checkbox"/> Incp.
<input type="checkbox"/> Punc.	<input type="checkbox"/> Punc.
<input type="checkbox"/> Anterior cortex	<input type="checkbox"/> Anterior cortex
<input type="checkbox"/> Posterior cortex	<input type="checkbox"/> Posterior cortex
<input type="checkbox"/> Equatorial cortex	<input type="checkbox"/> Equatorial cortex
<input type="checkbox"/> Anterior sutures	<input type="checkbox"/> Anterior sutures
<input type="checkbox"/> Posterior sutures	<input type="checkbox"/> Posterior sutures
<input type="checkbox"/> Nucleus	<input type="checkbox"/> Nucleus
<input type="checkbox"/> Capsular	<input type="checkbox"/> Capsular
<input type="checkbox"/> Generalized/complete	<input type="checkbox"/> Generalized/complete
<input type="checkbox"/> Resorbing/hypermature	<input type="checkbox"/> Resorbing/hypermature
Significance Unknown/Suspect Not Inherited	
<input type="checkbox"/> posterior Y-suture tip opacities	<input type="checkbox"/> posterior Y-suture tip opacities
<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> subluxation/luxation
VITREOUS	
<input type="checkbox"/> PHPV/PHTVL	<input type="checkbox"/> PHPV/PHTVL
<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> persistent hyaloid artery
<input type="checkbox"/> degeneration	<input type="checkbox"/> degeneration
<input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber
<input type="checkbox"/> syneresis	<input type="checkbox"/> syneresis

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as **not inherited**

RIGHT EYE **FUNDUS** **LEFT EYE**

detached geographic folds detached geographic folds

retinal detachment

retinal atrophy—generalized

CMR/CMR-like retinopathy

other presumed inherited retinopathy

retinal dysplasia

choroidal hypoplasia

coloboma

optic nerve coloboma

optic nerve hypoplasia

micropapilla

NORMAL

Comments: _____



Orthopedic Foundation for Animals

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

Call name: Reed
Registered name: Popway's Eastbound and Down
Breed: Labrador Retriever Sex: M
Microchip/Tattoo: 956009012707044
Registration Number: 5531366901 Other
Date of Birth (mm/dd/yy): 112921 Date of Exam (mm/dd/yy): 070922

Owner Name: Nancy Poplin Phone: 7044675183
Co-Owner Name: _____
Owner Address: 13680 Five Point Rd
City: Laurel State: NC Zip/postal code: 28097
E-Mail (use both lines if needed): _____

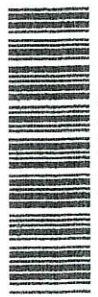
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.
Nancy Poplin
Signature of owner or authorized agent/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) _____

- I DID verify microchip/tattoo on this dog
- I DID NOT verify microchip/tattoo on this dog
- NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.
Signature: _____ Date: 7/19/22
ACVO #: 363

Diplomate, American College of Veterinary Ophthalmologists
FEEs AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



805109

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: _____
Ophthalmologist Address: Dr. Josh Broadwater EC363
City: Charlotte Animal Referral & Emergency State: _____ Zip/postal code: _____
Phone: 704-457-2300 ACVO #: _____
Email: _____

RIGHT EYE **GLOBE** **LEFT EYE**
 microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion
 distichiasis
 ectopic cilia
 imperforate lacrimal punctum
NICTITANS
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus
CORNEA
 dystrophy—epithelial/stromal
 dystrophy—endothelial
 pannus
 pigimentary keratitis/keratopathy
UVEA
 uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigimentary uveitis
 uveal melanoma
 persistent pupillary membranes

CORNEA N T A P
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to lens
 iris to cornea
 free floating
 multiple
 single

LENS
 inc. Pinc. inc. Pinc. inc. Pinc.
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 Significance Unknown/Suspect Not Inherited
 posterior Y-suture tip opacities
 subluxation/luxation
VITREOUS
 ant. chamber
 synchysis
 degeneration
 ant. chamber
 synchysis

CATARACT N T A P
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to lens
 iris to cornea
 free floating
 multiple
 single
CATARACT N T A P
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to lens
 iris to cornea
 free floating
 multiple
 single

RIGHT EYE **FUNDUS** **LEFT EYE**
 detached
 geographic
 folds
 retinal detachment
 retinal atrophy—generalized
 CMR/CMR-like retinopathy
 other presumed inherited retinopathy
 retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments

Canine Genetic Health Certificate™

Call Name:	Reed	Laboratory #:	374565
Registered Name:	Popway's Eastbound and Down	Registration #:	SS31366901
Breed:	Labrador Retriever	Microchip #:	956000012707044
Sex:	Male	Certificate Date:	Aug. 31, 2023
DOB:	Nov. 2021		

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

Disease	Gene	Genotype	Interpretation
Centronuclear Myopathy	<i>PTPLA</i>	WT/WT	Normal (Clear)
Congenital Myasthenic Syndrome (Labrador Retriever Type)	<i>COLQ</i>	WT/WT	Normal (Clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (Clear)
Hereditary Nasal Parakeratosis (Labrador Retriever Type)	<i>SUV39H2</i>	WT/WT	Normal (Clear)
Macular Corneal Dystrophy (Labrador Retriever Type)	<i>CHST6</i>	WT/WT	Normal (Clear)
Progressive Retinal Atrophy, Golden Retriever 2	<i>TTC8</i>	WT/WT	Normal (Clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (Clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	<i>COL9A3</i>	WT/WT	Normal (Clear)
Skeletal Dysplasia 2	<i>COL11A2</i>	WT/WT	Normal (Clear)
Stargardt Disease	<i>ABCA4</i>	WT/WT	Normal (Clear)

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



Helen F Smith, PhD
Associate Laboratory Director



Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Paw Print Genetics® performed the testing on the dog listed on this certificate. 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. The results included in this report relate only to the items tested using the sample provided. These tests were developed and their performance determined by Paw Print Genetics. This laboratory has established and verified the test(s) accuracy and precision with >99.9% sensitivity and specificity. The presence of mosaicism may not be detected by this test. Non-paternity may lead to unexpected results. This is not a breed identification test. 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:	Reed	Laboratory #:	374565
Registered Name:	Popway's Eastbound and Down	Registration #:	SS31366901
Breed:	Labrador Retriever	Microchip #:	956000012707044
Sex:	Male	Certificate Date:	Aug. 31, 2023
DOB:	Nov. 2021		

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

Coat Color/Trait Test	Gene	Genotype	Interpretation
B Locus (Brown)	<i>TYRP1</i>	B/B	Black coat, nose and foot pads (does not carry brown)
D Locus (Dilute)	<i>MLPH</i>	D/D	Non-dilute (does not carry dilute)
L Locus (Long Hair/Fluffy)	<i>FGF5</i>	Sh/Sh	Shorthaired (does not carry long hair)

Interpretation:

This dog does not carry any copies of the b^a , b^c , b^d , b^e , b^h , and b^s mutations and has a B locus genotype of **B/B**. Thus, this dog typically will have a black coat, nose, and foot pads. However, this dog's coat color is dependent on the genotypes of many other genes. This dog will pass one copy of **B** to 100% of its offspring and cannot produce b/b dogs.

This dog does not carry any copies of the d^1 , d^2 , or d^3 mutations and has a D locus genotype of **D/D** which does not result in the dilution or lightening of the pigments that produce the dog's coat color. This dog will pass one copy of **D** to 100% of its offspring and cannot produce d/d dogs.

This dog carries two copies of **Sh** which results in short hair. This dog will pass on **Sh** to 100% of its offspring.

Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.



Helen F Smith, PhD
Associate Laboratory Director



Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Paw Print Genetics® performed the testing on the dog listed on this certificate. The genes/traits reported here were selected by the client. Normal results do not exclude inherited mutations not tested in these or other genes that may cause variation in traits, medical problems or may be passed on to offspring. The results included in this report relate only to the items tested using the sample provided. These tests were developed and their performance determined by Paw Print Genetics. This laboratory has established and verified the test(s)' accuracy and precision with >99.9% sensitivity and specificity. The presence of mosaicism may not be detected by this test. Non-paternity may lead to unexpected results. This is not a breed identification test. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think any 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.

Dog 374565 - Reed

Account Settings (/accounts/settings/) > My Dogs (/dogs/) > Dog Details - Reed

Q Details

Forms

Test Results

Reports


1 Order

Paw Print Pedigrees

Below are the results for all tests ordered on Reed.

The **reports provided** for this dog include an explanation of the results as they relate to the tests performed. Please refer to these reports for additional detail to help interpret your dog's results.

Diseases

Test	Genotype*	Interpretation	Test Date	 Paw Print Pedigrees
Stargardt Disease	WT/WT	Normal (Clear)	May 22, 2023	Not Shared

Resources

Order Tests (/products/breed/)
Price List (/pricing/)
Blog (/blog/)
FAQ (/faq/)

Legal Info

Terms & Conditions (/terms-and-conditions/)
Privacy Policy (/privacy-policy/)

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Our Partners (/partners/)
News & Events (/news/stories/)
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 (<https://www.facebook.com/PawPrintGenetics>)  

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