

NAME
POPWAY'S LET'S GO TAGLESS

NUMBER
SS13851901



BREED
LABRADOR RETRIEVER

SEX
MALE

COLOR
BLACK

DATE OF BIRTH
AUGUST 13, 2019

SIRE
GCH CH STONELEIGHS INTO MISCHIEF TKN ~ SR91735702 10-17 (OFA24G OFEL24
EYE45 AKC DNA #V842450)



AMERICAN
KENNEL CLUB®

DAM
POPWAY'S ALL BETS ARE OFF
SR90174901 06-18 (OFA24E OFEL24)

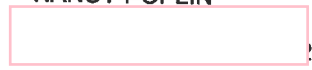
BREEDER
NANCY POPLIN

CERTIFICATE ISSUED
FEBRUARY 25, 2020

This certificate invalidates all previous certificates issued.
If a date appears after the name and number of the
sire and dam, it indicates the issue of the Stud Book
Register in which the sire or dam is published.
For Transfer Instructions, see back of Certificate.

OWNER

NANCY POPLIN



*This Certificate issued with the right to correct or
revoke by the American Kennel Club.*

REGISTRATION CERTIFICATE

THE AMERICAN KENNEL CLUB

CHAMPIONSHIP CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)

POPWAY'S LET'S GO TAGLESS CGC TKN ~ SS13851901

bred by

NANCY POPLIN

owned by

NANCY POPLIN

having completed the requirements on

OCTOBER 24, 2021

has been officially recorded a

CHAMPION

by The American Kennel Club



**AMERICAN
KENNEL CLUB®**

Gina DiWardo
Executive Secretary

THE AMERICAN KENNEL CLUB

GRAND CHAMPIONSHIP CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)
CH POPWAY'S LET'S GO TAGLESS CGC TKN ~ SS13851901

bred by

NANCY POPLIN

owned by

NANCY POPLIN

having completed the requirements on

JUNE 30, 2022

has been officially recorded a

GRAND CHAMPION

by The American Kennel Club



AMERICAN
KENNEL CLUB®

Guia Di Wardo
Executive Secretary

THE AMERICAN KENNEL CLUB

Canine Good Citizen Title Certificate

This certifies that

POPWAY'S LET'S GO TAGLESS CGC TKN ~ SS13851901

Owned by

NANCY POPLIN

successfully passed the Canine Good Citizen® Test on

JUNE 14, 2020

*and has been officially recorded as a Canine Good Citizen
by the American Kennel Club*



Mary R. Burch

Canine Good Citizen Director

THE AMERICAN KENNEL CLUB

TRICK DOG TITLE CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)

POPWAY'S LET'S GO TAGLESS CGC ~ SS13851901

owned by

NANCY POPLIN

was officially recorded a

TRICK DOG NOVICE

on

JULY 10, 2020

by The American Kennel Club



AMERICAN
KENNEL CLUB®

Mary R. Burch
Canine Good Citizen Director

THE AMERICAN KENNEL CLUB

FAST CAT TITLE CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)

GCH CH POPWAY'S LET'S GO TAGLESS CGC TKN ~ SS13851901

bred by

NANCY POPLIN

owned by

NANCY POPLIN

having completed the requirements on

NOVEMBER 5, 2023

has been officially recorded a

BCAT

by The American Kennel Club



**AMERICAN
KENNEL CLUB®**

Gina DiWardo
Executive Secretary



AMERICAN KENNEL CLUB®

Letter of DNA Analysis

February 13, 2023

NANCY POPLIN



DNA Profile #: V10073266
Sex: Male
Date of Birth: 13-AUG-19
ID #: 956000010706213
Date of Analysis: 02-FEB-23

AKC #: SS13851901
Breed: Labrador Retriever
AKC Name: GCH CH Popway's Let's Go Tagless CGC TKN
Owner(s): Nancy Poplin

The following genotype uniquely represents the Neogen Corporation genetic identity of the dog named herein:

CC AG GG AA AA AG AA AA AG AG AG AG AA GG AG AG AC AA GG AG AG AG AG AA
AKC001 AKC002 AKC003 AKC004 AKC005 AKC006 AKC007 AKC008 AKC009 AKC010 AKC011 AKC012 AKC013 AKC014 AKC015 AKC016 AKC017 AKC018 AKC019 AKC020 AKC021 AKC022 AKC023 AKC024 AKC025
AG AG AC AG AA AG GG AA AA AA AA AA AA GG AA GG AC AG AA AA AG
AKC026 AKC027 AKC028 AKC029 AKC030 AKC031 AKC032 AKC033 AKC034 AKC035 AKC036 AKC037 AKC038 AKC039 AKC040 AKC041 AKC042 AKC043 AKC044 AKC045 AKC046 AKC047 AKC048 AKC049 AKC050
AA AG AA AA AG GG GG AG AA AA AA AC AG AG AA CG AA AA GG GG AA AA AG AA
AKC051 AKC052 AKC053 AKC054 AKC055 AKC056 AKC057 AKC058 AKC059 AKC060 AKC061 AKC062 AKC063 AKC064 AKC065 AKC066 AKC067 AKC068 AKC069 AKC070 AKC071 AKC072 AKC073 AKC074 AKC075
AC GG AG CC AA AA GG AA AA AG AC GG AG CG GG GG AA AA AG AG CC AA AA AG
AKC076 AKC077 AKC078 AKC079 AKC080 AKC081 AKC082 AKC083 AKC084 AKC085 AKC086 AKC087 AKC088 AKC089 AKC090 AKC091 AKC092 AKC093 AKC094 AKC095 AKC096 AKC097 AKC098 AKC099 AKC100
AG GG AT AG GG AG AA AG AC AG GG AC GG AA AC AA GG AG GG AG AA AG AG AA
AKC101 AKC102 AKC103 AKC104 AKC105 AKC106 AKC107 AKC108 AKC109 AKC110 AKC111 AKC112 AKC113 AKC114 AKC115 AKC116 AKC117 AKC118 AKC119 AKC120 AKC121 AKC122 AKC123 AKC124 AKC125
AA AA GG AA GG AA AA AG AA GG AG AG AC AC GG AA AA AA AG AG AG AC CC AA
AKC126 AKC127 AKC128 AKC129 AKC130 AKC131 AKC132 AKC133 AKC134 AKC135 AKC136 AKC137 AKC138 AKC139 AKC140 AKC141 AKC142 AKC143 AKC144 AKC145 AKC146 AKC147 AKC148 AKC149 AKC150
AA AA AC AG AA GG AC GG AA GG GG AC AA GG AG AG GG GG AA GG AA AT CC AG
AKC151 AKC152 AKC153 AKC154 AKC155 AKC156 AKC157 AKC158 AKC159 AKC160 AKC161 AKC162 AKC163 AKC164 AKC165 AKC166 AKC167 AKC168 AKC169 AKC170 AKC171 AKC172 AKC173 AKC174 AKC175
AG GG AG AC AG AA AA GG AG AG AA AA CC GG GG GG AG GG AA GG CG AT AG AG CC
AKC176 AKC177 AKC178 AKC179 AKC180 AKC181 AKC182 AKC183 AKC184 AKC185 AKC186 AKC187 AKC188 AKC189 AKC190 AKC191 AKC192 AKC193 AKC194 AKC195 AKC196 AKC197 AKC198 AKC199 AKC200

XY
AKC201

Claire Wiley (signature)

Dr. Claire Wiley, Exec. Director, DNA Program
American Kennel Club

Marylin Munson (signature)

Marylin Munson, VP Genomics Geneseek
Neogen Corporation



DNA Certificate Order Form



DR1AA

AKC Name: GCH CH Popway's Let's Go Tagless CGC TKN
AKC #: SS13851901 DNA Profile #: V10073266
Owner(s): Nancy Poplin

Mail order form to

AKC DNA Operations
PO Box 900065
Raleigh NC 27675-9065

Number of DNA certificates _____ @ \$10 each = \$ _____ total amount included

Check or money order MasterCard Visa AmEx

Account Number: _____ Exp. Date: _____

Name on Card: _____

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

POPWAY'S LET'S GO TAGLESS

registered name

LABRADOR RETRIEVER

breed

film/test/lab #

956000010660386

tattoo/microchip/DNA profile

2184430

application number

08/23/2021

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:

SS13851901

registration no.

M

sex

08/13/2019

date of birth

24

age at evaluation in months



A Not-For-Profit Organization

LR-257048E24M-VPI

O.F.A. NUMBER

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

EXCELLENT

NANCY POPLIN



OFA eCert



Verify certificate with 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: 08/23/2021

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 LET'S GO TAGLESS
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

956000010660386
tattoo/microchip/DNA profile

2184430
application number

08/23/2021
date of report

RESULTS:

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

SS13851901
registration no.

M
sex

08/13/2019
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-EL105274M24-VPI
O.F.A. NUMBER

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

NORMAL

owner

NANCY POPLIN

OFA eCert



Verify certificate
with QR scan

G.G. Keller, D.V.M., M.S., DACVR

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

www.ofa.org

This electronic OFA certificate was generated on: 08/23/2021

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 LET'S GO TAGLESS
registered name

LABRADOR RETRIEVER
breed

C068743
film/test/lab #

956000010660386
tattoo/microchip/DNA profile

2184430
application number

10/23/2020
date of report

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 09/12/2020.)**

EXAMINER: CC08-MICHAEL COCCHIARO, DVM, DACVIM

SS13851901
registration no.

M
sex

08/13/2019
date of birth

12
age at evaluation in months



A Not-For-Profit Organization

LR-ACA2298/12M-VPI
O.F.A. NUMBER

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



owner

NANCY POPLIN



OFA eCert



*Verify certificate
with 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: 10/23/2020

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



Coat Color DNA Test

Case Number: 147323

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Hanes**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**

Registration Number:

Microchip/Tattoo:

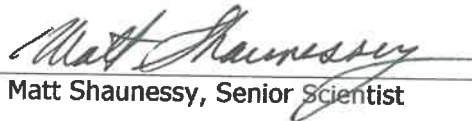
Report Date: 8/11/2020

DNA Result: **Ee R306ter +/-**

BB S41C -/-, Q331X -/-, 345delP -/-

DD C.22G>A -/-

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



PRA-prcd DNA Test

Case Number: 147331

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Popway's Let's Go Tagless**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**

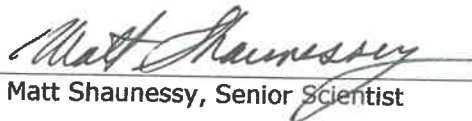
Registration Number:

Microchip/Tattoo:

Report Date: 8/11/2020

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Exercise Induced Collapse DNA Test

Case Number: 147329

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Popway's Let's Go Tagless**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**

Registration Number:

Microchip/Tattoo:

Report Date: 8/11/2020

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Hereditary Nasal Parakeratosis DNA Test

Case Number: 147330

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Popway's Let's Go Tagless**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**

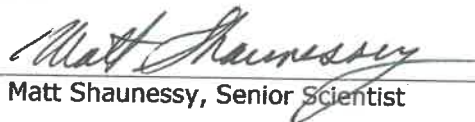
Registration Number:

Microchip/Tattoo:

Report Date: 8/11/2020

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Degenerative Myelopathy DNA Test

Case Number: 147327

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Popway's Let's Go Tagless**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**


Registration Number:

Microchip/Tattoo:

Report Date: 8/11/2020

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Cystinuria DNA Test

Case Number: 147326

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Popway's Let's Go Tagless**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**


Registration Number:

Microchip/Tattoo:

Report Date: 8/11/2020

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Centronuclear Myopathy DNA Test

Case Number: 147325

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Popway's Let's Go Tagless**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**

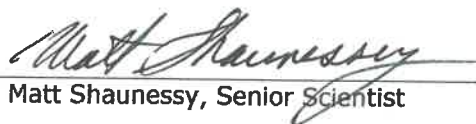
Registration Number:

Microchip/Tattoo:

Report Date: **8/7/2020**

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Copper Toxicosis (CT)

Case Number: 148290

Owner: Nancy Poplin



Canine Information

DNA ID Number: **195859**

Call Name: **Hanes**

Sex: **Male**

Birthdate: **08/12/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Popway's Let's Go Tagless**

Registration Number:

Microchip/Tattoo:

Report Date: **8/14/2020**

DNA Result: **ATP7A Protective Mutation +/Y Positive Male**
ATP7B Disease Mutation +/- Carrier/At Risk

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist

Dog 374564 - Hanes

[Account Settings \(/accounts/settings/\)](#) > [My Dogs \(/dogs/\)](#) > [Dog Details - Hanes](#)

[Q Details](#)

[Forms](#)

[Test Results](#)

[Reports](#)


[1 Order](#)

[Paw Print Pedigrees](#)

Below are the results for all tests ordered on Hanes.

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	
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 \(/privacy-policy/\)](#)

About Us

- [Our Company \(/about/\)](#)
- [Our Partners \(/partners/\)](#)
- [News & Events \(/news/stories/\)](#)
- [Contact Us \(/contact/\)](#)
- [Careers \(https://www.neogen.com/careers/\)](https://www.neogen.com/careers/)

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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: **Nanes**
 Registered name: **GCH Papway's Let's Go Tagless**
 Breed: **Labrador Retriever** Sex: **M**
 ID Number (if any): Tattoo Microchip
956000010660386
 Registration Number: AKC Other
SS13851901
 Date of Birth (mm/dd/yy): **081319** Date of Exam (mm/dd/yy): **070823**
 Owner Name: **Nancy Poplin**
 Co-Owner Name: _____ Phone: _____

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

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



883088

Companion Animal Eye Registry (CAER)

	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"/>
	EYELIDS		
	<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"/>
	NICTITANS		
	<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"/>
	CORNEA		
	<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"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
	UVEA		
	<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"/>
	persistent pupillary membranes		
	<input type="checkbox"/>		<input type="checkbox"/>
	LENS		
	<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"/>
	Significance Unknown/Suspect Not Inherited		
	<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
	VITREOUS		
	<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
	<input type="checkbox"/>	degeneration	<input type="checkbox"/>

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

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

NORMAL

Comments: **Retinal Scar OS**

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomate copy; YELLOW = ACVO Research copy



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: **Hanes**
 Registered name: **GCH. Popway's Lets Go Tagless**
 Breed: **Labrador Retriever** Sex: **M**
 Microchip/Tattoo: **954000010660384**
 Registration Number: **5513851901**
 Date of Birth (mm/dd/yy): **081319** Date of Exam (mm/dd/yy): **070922**

Owner Name: **Nancy Poplin**
 Co-Owner Name: _____

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: _____ ACVO #: **363 719122** Date: _____
 Diplomate, American College of Veterinary Ophthalmologists

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



805028

Companion Animal Eye Registry (CAER)

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"/>	
EYELIDS				
<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"/>	
NICTITANS				
<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"/>	
CORNEA				
<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"/>	pigmentary keratitis/keratopathy		<input type="checkbox"/>	
UVEA				
<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"/>	
persistent pupillary membranes				
LENS				
<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"/>	
Significance Unknown/Suspect Not Inherited				
<input type="checkbox"/>	posterior Y-suture tip opacities		<input type="checkbox"/>	
<input type="checkbox"/>	subluxation/luxation		<input type="checkbox"/>	
VITREOUS				
<input type="checkbox"/>	PHPV/PHTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
degeneration				

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

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"/>	CMR/CMR-like retinopathy		<input type="checkbox"/>	
<input type="checkbox"/>	other presumed inherited retinopathy		<input type="checkbox"/>	
retinal dysplasia				
<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"/>	
OTHER CONDITIONS				
<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

Comments



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 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: **Alanes**
 Registered name: **Popway's Let's Go Tagless**
 Breed: **LAB** Sex: **M**
 ID Number (if any): Tattoo Microchip
956000010660386
 Registration Number: ARC Other
SS13851901
 Date of Birth (mm/dd/yy): **08/3/19** Date of Exam (mm/dd/yy): **09/2/20**

Owner Name: **Nancy Poppi**
 Co-Owner Name:

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 Poppi
 Signature of owner or authorized agent/representative

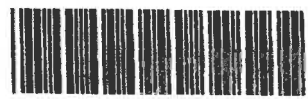
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials)

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: **[Signature]** ACVO # **340** Date **9/2/20**

Diplomate, American College of Veterinary Ophthalmologists

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



699574

Companion Animal Eye Registry (CAER)

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"/>
EYELIDS		
<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"/>
NICTITANS		
<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"/>
CORNEA		
<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"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
UVEA		
<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"/>
persistent pupillary membranes		
LENS		
<input type="checkbox"/>	Incomp. Incip. Punc.	Punc. Incip. Incomp.
<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 Unknown/Suspect Not Inherited		
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: **Dr. Barrett Gift EC340**
 Ophthalmologist Address: **Animal Eye Care Associates, Inc.**
 City: **Cary, NC** State: **NC** Zip/postal code: **27513**
 Phone: **919-319-3348**
 Email:

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"/>
retinal dysplasia		
<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"/>
OTHER CONDITIONS		
<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

Comments
