

Samples of OFA certifications and CERF (eyes)


ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

OH F AY'S POSTER BOY <i>registered name</i>	SP19283701 <i>registration no.</i>
LABRADOR RETRIEVER <i>breed</i>	M <i>sex</i>
BLACK <i>color</i>	1/1/2002 <i>date of birth</i>
486 546 218 <i>tattoo/microchip/DNA profile</i>	27 <i>age at evaluation in months</i>
1105131 <i>application number</i>	LR-140920G27M-PI <i>O.F.A. NUMBER</i>
4/5/2004 <i>date of report</i>	<i>This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.</i>

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

The hip joint conformation was evaluated as: **GOOD**

owner **JOHN PUBLIC**
2300 E NIFONG BLVD
COLUMBIA, MO 65201


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

www.offa.org


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BLACK <i>color</i>	1/1/2002 <i>date of birth</i>
486 546 218 <i>tattoo/microchip/DNA profile</i>	27 <i>age at evaluation in months</i>
1105131 <i>application number</i>	LR-EL22266M27-PI <i>O.F.A. NUMBER</i>
4/5/2004 <i>date of report</i>	<i>This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.</i>

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

NORMAL

owner **JOHN PUBLIC**
2300 E NIFONG BLVD
COLUMBIA, MO 65201


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 LR-CA1138/27M/C-P1
O.F.A. NUMBER



A Not-For-Profit Organization

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

The results of the examination submitted to OFA indicate that no evidence of congenital cardiac disease was recognized.

NORMAL - CARDIOLOGIST

OWNER

JOHN PUBLIC
 2300 E NIFONG BLVD
 COLUMBIA, MO 65201

G.G. Keller, DVM

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

Orthopedic Foundation for Animals
 18501 Tracy Road, Columbia, MO 65201
 Tel: 660-870-8000 Fax: 660-870-8001
 www.ofa.com

Application Number: **SP19283701**
 Registration Number: **LR-CA1138/27M/C-P1**
 Breed: **LABRADOR RETRIEVER**
 Color: **BLACK**
 Sex: **M**
 Date of Birth: **1/1/2002**
 Age at Evaluation: **27**
 Date of Report: **4/5/2004**

Owner: **JOHN PUBLIC**
 Address: **2300 E NIFONG BLVD**
 City: **COLUMBIA, MO 65201**

Examined by: **G.G. KELLER, DVM**
 Title: **CHIEF OF VETERINARY SERVICES**

Examination Date: **4/5/2004**
 Examination Location: **Private Practice**

Examination Type: **Cardiac**

Examination Method: **ECG**

Examination Results: **NORMAL**

Remarks:

The results of the examination submitted to OFA indicate that no evidence of congenital cardiac disease was recognized.

Signature: **G.G. Keller, DVM**
 Title: **CHIEF OF VETERINARY SERVICES**

Comparative Animal Eye Registry (CAER)

Application Number: **SP19283701**
 Registration Number: **LR-CA1138/27M/C-P1**
 Breed: **LABRADOR RETRIEVER**
 Color: **BLACK**
 Sex: **M**
 Date of Birth: **1/1/2002**
 Age at Evaluation: **27**
 Date of Report: **4/5/2004**

Owner: **JOHN PUBLIC**
 Address: **2300 E NIFONG BLVD**
 City: **COLUMBIA, MO 65201**

Examined by: **G.G. KELLER, DVM**
 Title: **CHIEF OF VETERINARY SERVICES**

Examination Date: **4/5/2004**
 Examination Location: **Private Practice**

Examination Type: **Eye**

Examination Method: **Visual**

Examination Results: **NORMAL**

Remarks:

Both eyes appeared normal on visual examination.

Signature: **G.G. Keller, DVM**
 Title: **CHIEF OF VETERINARY SERVICES**

Comparative Animal Eye Registry (CAER)

Application Number: **SP19283701**
 Registration Number: **LR-CA1138/27M/C-P1**
 Breed: **LABRADOR RETRIEVER**
 Color: **BLACK**
 Sex: **M**
 Date of Birth: **1/1/2002**
 Age at Evaluation: **27**
 Date of Report: **4/5/2004**

Owner: **JOHN PUBLIC**
 Address: **2300 E NIFONG BLVD**
 City: **COLUMBIA, MO 65201**

Examined by: **G.G. KELLER, DVM**
 Title: **CHIEF OF VETERINARY SERVICES**

Examination Date: **4/5/2004**
 Examination Location: **Private Practice**

Examination Type: **Eye**

Examination Method: **Visual**

Examination Results: **NORMAL**

Remarks:

Both eyes appeared normal on visual examination.

Signature: **G.G. Keller, DVM**
 Title: **CHIEF OF VETERINARY SERVICES**