

THE AMERICAN KENNEL CLUB

CHAMPIONSHIP CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)

JULSBY HEY GOOD LOOKIN' SR15771010

bred by

JULIE A EICKHOLT

owned by

LISA ZITTING

having completed the requirements on

APRIL 28, 2006

has been officially recorded a

CHAMPION

by The American Kennel Club



**AMERICAN
KENNEL CLUBSM**

James P Crowley
Executive Secretary

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

JULSBY HEY GOOD LOOKIN'

registered name

LABRADOR RETRIEVER

breed

YELLOW

color

086 572 303

tattoo/microchip/DNA profile

1143517

application number

4/12/2006

date of report

SR15771010

registration no.

M

sex

3/21/2004

date of birth

24

age at evaluation in months

LR-EL30448M24-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

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

NORMAL

owner

LISA ZITTING

3409 W COUNTY RD 8
BERTHOUD, CO 80513

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

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

JULSBY HEY GOOD LOOKIN'

registered name

LABRADOR RETRIEVER

breed

YELLOW

color

086 572 303

tattoo/microchip/DNA profile

1143517

application number

4/12/2006

date of report

SR15771010

registration no.

M

sex

3/21/2004

date of birth

24

age at evaluation in months

LR-158936G24M-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

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

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

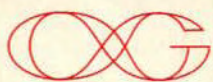
owner

LISA ZITTING

3409 W COUNTY RD 8

BERTHOUD, CO 80513

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



OPTIGEN[®] LLC

for the genetic advantage

Certificate of prcd test for PRA

This certifies that

Labrador Retriever

Julsby Hey Good Lookin'

SR15771010

owned by

Julie A Eickholt

Tested Genetically Normal

officially reported on

November 22, 2004



Jeanette S. Felix, Ph.D.
President

Veterinary Diagnostic Laboratory
College of Veterinary Medicine
1333 Gortner Avenue
St. Paul, MN 55108

1-800-605-8787
612-625-8787
Fax: 612-624-8707
e-mail: vdl@umn.edu
www.vdl.umn.edu

Accession Number: D09-030710

Owner: BENECKE, LISA
3409 WEST CO RD 8
BERTHOUD, CO 80513

Veterinarian:
Dr. Millissa Culver
Culver Veterinary Hospital
14534 107th St
Longmont, CO 80504

Site:
Received: 06/18/2009
Reference:
Species: Canine
Breed: Labrador Retriever
Age: 3/21/04 **Sex:** Intact
Male
Weight:

Diagnostic Report: Genetic Test for Canine Exercise Induced Collapse (EIC)

Specimen From: Julsbyhey Good Lookin

With Identification: 086 572 303

With Registration Number: SR15771010

ID Verified by Veterinarian: Yes

Result: Clear

See following page for interpretation.

Orthopedic Foundation for Animals (OFA) International DNA Based Genetic Database: To register your result with the OFA, make a copy of this result page, sign below, and mail WITH FEE to:

Orthopedic Foundation for Animals
2300 E Nifong Blvd
Columbia, MO 65201-3806

or FAX to: 573-875-5073

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative: _____

Fees

- Submission fee individual.....\$15.00
- A litter of 3 or more submitted together.....\$30.00 total

Kennel rate: Individuals submitted as a group, owned/co-owned by the same person

- 5 or more individuals.....\$7.50 each

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/MasterCard Number

Name on Card

Exp Date

CVV (security code)

Affected dogs at any age are no charge

Office Use Only
 APPL _____
 RAD _____
 CK _____

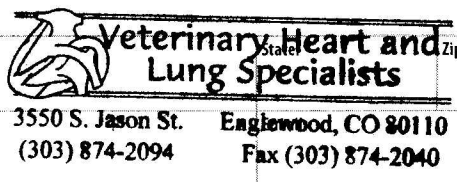


Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.offa.org
 A Not-For-Profit Organization

Office Use Only

Application for Congenital Cardiac Database
 Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC	Other registry name:
Registered name:		SR15771010	Other registry #:
Breed:		Sex:	Color:
LABRADOR RETRIEVER		MALE	YELLOW
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip		Date of Birth (month-day-year):	
086 572 303		3/21/04	
Owner name:		Registration number of sire:	Registration number of dam:
LISA BUTLER			
Co-Owner name:		Examining veterinarian's name or veterinary hospital:	
		JULIE MARTIN, DVM, MS, DACVIM Cardiology	
Mailing address:		Mailing Address:	
3409 WEST CO RD 8			
City:	State:	Zip/postal code:	City:
BERTHOUD	CO	80513	
Phone:	E-mail:	Phone:	
970-532-0634	otterbegood@greenspeedisp	3550 S. Jason St. Englewood, CO 80110 (303) 874-2094 Fax (303) 874-2040	



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 abnormal results to the public.
Signature of owner or authorized representative _____

Authorization to Release Abnormal Results
 I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner). _____

Veterinary Instructions

Clinical findings based on cardiac auscultation is required. (see page 2)

- Auscultation is within normal limits. Additional diagnostic studies not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

- Timings: systolic diastolic continuous
- Point of maximal intensity:
- Mitral valve area Aortic or subaortic area
 - Pulmonary valve area Tricuspid valve area
 - Other location: _____
 - Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

- pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—congenital heart disease is not evident
- Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below: _____

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature Julie Martin Specialty: Practitioner, Specialist, Cardiologist Date 8/6/10

Fees

- Animals Over 12 Months \$15.00
- Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

- Minimum of 5 individuals \$7.50 per study

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 _____ Exp Date _____ CVV (security code) _____
 Affected Animals and Resubmits at No Charge



Veterinary Heart and Lung Specialists

3550 S. Jason St. Englewood, CO 80110
(303) 874-2094 or (303) 874-7387 Fax (303) 874-2040

Congenital Heart Disease Clearance Certificate

Owner: Lisa Butler
Address: 3409 West CR 8
Berthoud, CO 80513
Registered Name: JULSBY HEY GOOD LOOKIN'
Age: 6 years & 4 months
Sex: intact male
Breed: Labrador Retriever
AKC #: SR15771010

This letter certifies that the above animal has been examined by myself and found to be free from any evidence of congenital heart disease, including subaortic stenosis.

Julie Martin, DVM, MS, DACVIM Cardiology
08/04/10

Coat Length DNA Test

Case Number: 25565

Owner: Lisa N Benecke-Butler

3409 W Co Rd 8
Berthoud CO 80513

Canine Information

DNA ID Number: **41754**

Call Name: **Slick**

Sex: **Male**

Birthdate: **3/21/2004**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Julsby Hey Good Lookin'**

Registry: **AKC**

Registration Number: **SR15771010**

Microchip/Tattoo:

Markings: **None**

Report Date: 6/18/2010

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



Matt Shaunessy, Senior Scientist