ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

AJTOP HONOUR BY PRIME CHANCE
registered name

LABRADOR RETRIEVER
breed

956000005139867
tattoo/microchip/DNA profile

1945409
application number

2/12/2018
date of report

CY647907
registration no.

F
sex

12/18/2015
date of birth

24
age at evaluation in months

A Not-For-Profit Organization

LR-231637G24F-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:

GOOD

owner

ALAIN JETTE
320 WHIMBEY
ST.LAMBERT, QC J4R2A3
CANADA

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

www.ofa.org

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AJTOP HONOUR BY PRIME CHANCE
registered name

LABRADOR RETRIEVER
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1945409
application number

2/12/2018
date of report

CY647907
registration no.

F
sex

12/18/2015
date of birth

24
age at evaluation in months

LR-EL82212F24-VPI
O.F.A. NUMBER

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

OFA – THE CANINE HEALTH INFORMATION CENTER – SINCE 1966

A Not-For-Profit Organization

RESULTS:

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

NORMAL

owner

ALAIN JETTE
320 WHIMBEY
ST.LAMBERT, QC J4R2A3
CANADA

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

Companion Animal Eye Registry (CAER)

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: AJTOP HONOUR BY PRIME CHANCE
Breed: Retriever (labrador) Sex: Female
ID Number (if any): ☐ Tattoo ☒ Microchip
9560000051 39867
Registration Number: ☐ AKC ☒ Other
CY647907
Date of Birth (mm/dd/yy): 12/18/15 Date of Exam (mm/dd/yy): 01/12/17
Owner Name: Alain Jetté
Co-Owner Name: Phone: 450-465-9010
Owner Address: 320, Whimbey
City: St-lambert State: QC Zip/postal code: J4R-2A3
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.

α _____
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

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

Signature [signature] ACVO # 12 JAN 2018 Date

Diplomate, American College of Veterinary Ophthalmologists

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

483827

Ophthalmologist Name
Ophthalmologist Addre
City:
Phone:
Email: info@ophtalmoveterinaire.com

Dr Franck Ollivier EC352
Ophtalmo Vétérinaire inc.
5666, rue Sherbrooke Ouest
Montréal (QC) H4A 1W7

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 ☐
- ☐ pigmentary keratitis/keratopathy ☐

UVEA

- ☐ uveal cyst ☐ (free floating / single / multiple)
- ☐ iris coloboma ☐
- ☐ iris hypoplasia ☐
- ☐ iris sphincter dysplasia ☐
- ☐ pigmentary uveitis ☐
- ☐ uveal melanoma ☐
- ☐ persistent pupillary membranes ☐ (endothelial opacity/no strands; lens pigment foci/no strands; iris sheets; iris to cornea; iris to lens; iris to iris)

CORNEA: T N / A P

CORNEA: N T / A P

LENS

Incomp.	Incip.	Punc.		Punc.	Incip.	Incomp.
☐	☐	☐	anterior cortex	☐	☐	☐
☐	☐	☐	posterior cortex	☐	☐	☐
☐	☐	☐	equatorial cortex	☐	☐	☐
☐	☐	☐	anterior sutures	☐	☐	☐
☐	☐	☐	posterior sutures	☐	☐	☐
☐	☐	☐	nucleus	☐	☐	☐
☐	☐	☐	capsular	☐	☐	☐

- ☐ generalized/complete ☐
- ☐ resorbing/hypermature ☐

CATARACT: T N / A P

CATARACT: N T / A P

☐ ***suspect not inherited*** ☐

- ☐ subluxation/luxation ☐

VITREOUS

- ☐ PHPV/PHTVL ☐
- ☐ persistent hyaloid artery ☐
- ☐ degeneration ☐ (ant. chamber / syneresis)

RIGHT EYE | **FUNDUS** | LEFT EYE

- ☐ retinal detachment ☐
- ☐ retinal atrophy—generalized ☐
- ☐ retinopathy ☐
- ☐ retinal dysplasia ☐ (detached / geographic / folds)
- ☐ 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

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

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08/19/16