

ALAA Certificate Of Dog Registration

Dog Name **Midwest Labradoodles The Race Is On** Breeding Kennel **Midwest Labradoodle**
Registration Number **ALAA-033854** Breeder Name **Nicole Ehlert**
Owner Membership Number **ALAA-001735-0709**
Owner Name **Nicole Ehlert**
3721 60th Street
Kenosha, WI 53143 USA



Midwest Labradoodles The Race Is On
Male, Entire
Chocolate
Multigeneration Australian Labradoodle
14 inches
Curly Fleece
Birth Date 25 August 2013
Identification
Chip AVID 017 056 856

Sire: **Moon's Tom Thomson**
ALAA-014579
chocolate
M Australian Labradoodle

Dam: **Jubilee Chelsea**
ALAA-029281
cream/apricot
M Australian Labradoodle

G Sire: **Rivermist Colby "MacDuff"**
ALAA-013994
M Australian Labradoodle

G Dam: **PA Labradoodles Treasures**
Izabelle Leigh
ALAA-004173
apricot
M Australian Labradoodle

G Sire: **PR's Herbie**
[029397]
M Australian Labradoodle

G Dam: **Jubilee Shelby**
[029401]
M Australian Labradoodle

GG Sire: **aAprina in Alexis' Aducci**
[007315]
red
M Australian Labradoodle

GG Dam: **aAprina in TP Red Tashaun's Okia**
[013986]
Australian Labradoodle

GG Sire: **Rutlands Lil Caleb**
ALAA-001073
cream/gold
M Australian Labradoodle

GG Dam: **Tegan Park Treasure**
ALAA-001556
black
M Australian Labradoodle

GG Sire: **Puppy Loves Masked Bandit**
ALAA-013615

M Australian Labradoodle

GG Dam: **Primetime Buttermilk Biscuit**
[021034]
M Australian Labradoodle

GG Sire: **PR's Master Oliver**
[029400]
M Australian Labradoodle

GG Dam: **aAprina in Miss Grace of Jubilee**
[022676]
M Australian Labradoodle

ALAA Registrar Signature *H. A. Charlton* Date 09 December 2013

Australian Labradoodle Association of America, Inc. www.alaa-labradoodles.com

This registration information is based upon information received and reviewed by the ALAA.
The ALAA cannot be responsible for incorrect pedigree information received from breeders.
Please report any error or discrepancy to the ALAA registrar immediately.

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

MIDWEST THE RACE IS ON
registered name

LABRADOODLE
breed

ALAA033854
registration number

M
sex

8/25/2013
date of birth

4
age at evaluation in months

1/15/2014
date of report

0175056856
tattoo/microchip/DNA profile

1626891
application number

film/case no(s)

Owner
DARAH GESTES
470 BARKWOOD LN
GLEN CARBON, IL 62034

Veterinarian
VETERINARY GROUP OF CHESTERFIELD
17709 EDISON AVE STE A
CHESTERFIELD, MO 63005-1218

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

_____ **EXCELLENT HIP JOINT CONFORMATION***
superior hip joint conformation as compared with other
individuals of the same breed and age

_____ **BORDERLINE HIP JOINT CONFORMATION**
marginal hip joint conformation of indeterminate status with
respect to hip dysplasia at this time – Repeat study in six
months

✓ _____ **GOOD HIP JOINT CONFORMATION***
well formed hip joint conformation as compared with other
individuals of the same breed and age

_____ **MILD HIP DYSPLASIA**
radiographic evidence of minor dysplastic changes of the hip
joints

_____ **FAIR HIP JOINT CONFORMATION***
minor irregularities of the hip joint conformation as compared
with other individuals of the same breed and age

_____ **MODERATE HIP DYSPLASIA**
well defined radiographic evidence of dysplastic changes of
the hip joints

_____ **SEVERE HIP DYSPLASIA**
radiographic evidence of marked dysplastic changes of the
hip joints

RADIOGRAPHIC FINDINGS

HIP JOINTS - STANDARD VD VIEW

_____ subluxation
_____ remodeling of femoral head/neck
_____ osteoarthritis/degenerative joint disease
_____ shallow acetabula
_____ acetabular rim/edge change
_____ unilateral pathology _____ left _____ right
_____ transitional vertebra
_____ spondylosis
_____ panosteitis
_____ other _____

ELBOW JOINTS -- FLEXED LATERAL VIEW

✓ _____ negative for elbow dysplasia ✓ _____ L _____ L _____ R

ELBOW DYSPLASIA

Grade I _____ R _____
Grade II _____ L _____ R _____
Grade III _____ L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) _____ R _____
united anconeal process (UAP) _____ L _____ R _____
fragmented coronoid process (FCP) _____ L _____ R _____
osteochondrosis _____ L _____ R _____

Consultation by: Greg Keller DVM

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES





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

Application for Eye Database

Registered name: Midwest Labrador The Race Is On
 Breed: Australian Labrador Sex: M
 ID Number (if any): 017056856 Tattoo Microchip
 Registration Number: AKC Other
 Date of Birth: 08/25/13 Date of Exam: _____
 Owned name: Nicole Elliott
 Owner Address: 3721 60th St
 City: Kenosha State: WI Zip/postal code: 53174
 E-Mail (use both lines if needed): nicole@kenosha
magic.com

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 non-passing results to the public. (signature of owner or authorized 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) _____

OFA Eye Clearance Database

- Initial submission\$12.00
- Resubmits:\$8.00
- Submission of non-passing results in the open database: NO CHARGE

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 _____

Expiration Date _____ CVV _____

9/12/12

028714

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"/>	exposure/pigmentary keratitis	<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"/>
peristent 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"/>
<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Veterinarian name: _____
 Veterinarian Address: **Steve Sisler, DVM, DACVO**
 City: **EC279** State: _____ Zip/postal code: _____
 Phone: **Eye Care for Animals**
(847) 215-3933
 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		

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: _____ Date: 10-17-13

Diplomate, American College of Veterinary Ophthalmologists

Comments

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomate copy