

OFA CANINE HEALTH INFORMATION CENTER

SAFARI'S SPEAKEASY

registered name

POODLE (STD)

breed

Chip 956000002876309

permanent id

CHIC#: 145786

REQUIRED TESTS

SEBACEOUS ADENITIS
THYROID
EYES
HIPS

PR20296101
registration no.

M
sex

12/16/2019
date of report

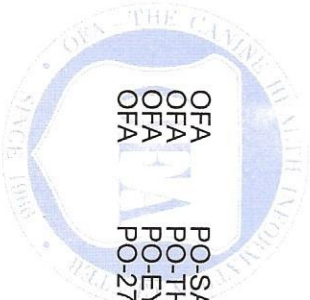
9/18/2017
date of birth



OFA
OFA
OFA
OFA

PO-SA4951/12M-VPI
PO-TH4289/12M-VPI
PO-EYE5753/16M-VPI
PO-27582G25M-VPI

10/17/2018
10/17/2018
1/19/2019
11/13/2019



owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK, IL 61725

AA Keller, DVM

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SAFARI'S SPEAKEASY
registered name

POODLE
breed

535787
film/test/lab #

956000002876309 DNA:V886681
tattoo/microchip/DNA profile

2012493
application number

12/10/2019
date of report

RESULTS:

Based upon the exam dated 1/19/2019, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

PR20296101
registration no.

M
sex

9/18/2017
date of birth

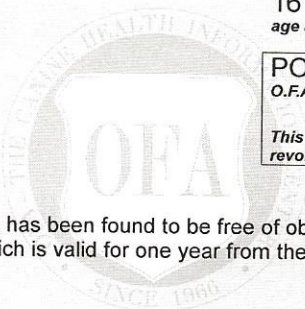
16
age at evaluation in months

PO-EYE5753/16M-VPI
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



owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK, IL 61725

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SAFARI'S SPEAKEASY
registered name

POODLE
breed

956000002876309 DNA:V886681
tattoo/microchip/DNA profile

2012493
application number

12/2/2019
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:

PR20296101
registration no.

M
sex

9/18/2017
date of birth

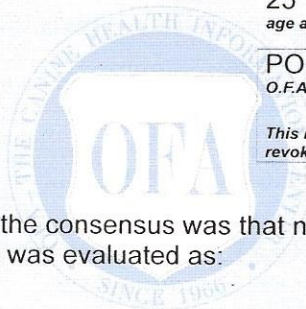
25
age at evaluation in months

PO-27582G25M-VPI
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



owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK, IL 61725

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

GOOD

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



SAFARI'S SPEAKEASY
registered name

PR20296101
registration no.

POODLE
breed

M
sex

02541196
film/test/lab #

9/18/2017
date of birth

956000002876309
tattoo/microchip/DNA profile

12
age at evaluation in months



A Not-For-Profit Organization

2012493
application number

PO-TH4289/12M-VPI
O.F.A. NUMBER

11/1/2018
date of report

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

RESULTS:

Based on the laboratory results submitted, no evidence of thyroid disease was recognized.

NORMAL

owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK, IL 61725

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



SAFARI'S SPEAKEASY
registered name

PR20296101
registration no.

POODLE
breed

M
sex

V18-1539
film/test/lab #

9/18/2017
date of birth

956000002876309
tattoo/microchip/DNA profile

12
age at evaluation in months



A Not-For-Profit Organization

2012493
application number

PO-SA4951/12M-VPI
O.F.A. NUMBER

12/11/2018
date of report

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

RESULTS:

Based on the samples submitted, no evidence of Sebaceous Adenitis (SA) was found and the dog is phenotypically normal at this time. Normal results do not imply that the dog is genetically normal, only that there was no evidence of SA in the samples at this point in time. Retesting is recommended every one to two years for dogs used for breeding.

owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK, IL 61725

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

www.ofa.org



Orthopedic Foundation for Animals
 2300 E Niang Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Call name: **FITZ**

Registered name: **CH. SAFARI'S SPEAK EASY**

Breed: **STANDARD POODLE** Sex: **M**

ID Number (if any): Ratio Microchip

Registration Number: **9568000002876309**

Date of Birth (mm/dd/yy): **09/18/17** Date of Exam (mm/dd/yy): **02/02/20**

Owner Name: **GYNTHA HUFF**

Co-Owner Name: **DEBEL HAETNER** Phone: **89 376 3108**

Owner Address: **2291 E 2250 NORTH RD.**

City: **OKMULOCKE** State: **IL** Zip/postal code: **61725**

E-Mail (use both lines if needed):
cahafe@ilstu.edu

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.

Signature of owner or authorized agent/representative
Jane Huff

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]* Date: **2/2/2020**

ACVO # _____

Diplomate, American College of Veterinary Ophthalmologists

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



628832

Ophthalmologist Name: _____

Ophthalmologist Address: **Adam King, DVM, DACV, FOFAS**

City: **askingsville, MO** Zip/postal code: _____

Phone: _____ Email: _____

CORNEA	<input type="checkbox"/> T <input type="checkbox"/> N	<input type="checkbox"/> distichiasis	<input type="checkbox"/> ectropion	<input type="checkbox"/> entropion	<input type="checkbox"/> keratoconjunctivitis sicca	<input type="checkbox"/> glaucoma	<input type="checkbox"/> EYELEIDS
<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> imperforate lacrimal punctum	<input type="checkbox"/> cartilage anomaly/eversion	<input type="checkbox"/> gland prolapse	<input type="checkbox"/> plasmoma/atypical pannus	<input type="checkbox"/> dystrophy — epithelial/stromal	<input type="checkbox"/> dystrophy — endothelial	<input type="checkbox"/> pannus
<input type="checkbox"/> free floating	<input type="checkbox"/> single	<input type="checkbox"/> multiple	<input type="checkbox"/> pigmentary keratitis/keratopathy	<input type="checkbox"/> UVEA	<input type="checkbox"/> iridocoloboma	<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris sphincter dysplasia
<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to iris	<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> uveal melanoma

CORNEA	<input type="checkbox"/> T <input type="checkbox"/> N	<input type="checkbox"/> distichiasis	<input type="checkbox"/> ectropion	<input type="checkbox"/> entropion	<input type="checkbox"/> keratoconjunctivitis sicca	<input type="checkbox"/> glaucoma	<input type="checkbox"/> EYELEIDS
<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> imperforate lacrimal punctum	<input type="checkbox"/> cartilage anomaly/eversion	<input type="checkbox"/> gland prolapse	<input type="checkbox"/> plasmoma/atypical pannus	<input type="checkbox"/> dystrophy — epithelial/stromal	<input type="checkbox"/> dystrophy — endothelial	<input type="checkbox"/> pannus
<input type="checkbox"/> free floating	<input type="checkbox"/> single	<input type="checkbox"/> multiple	<input type="checkbox"/> pigmentary keratitis/keratopathy	<input type="checkbox"/> UVEA	<input type="checkbox"/> iridocoloboma	<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris sphincter dysplasia
<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to iris	<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> uveal melanoma

CATARACT	<input type="checkbox"/> T <input type="checkbox"/> N	<input type="checkbox"/> anterior cortex	<input type="checkbox"/> posterior cortex	<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> anterior sutures	<input type="checkbox"/> posterior sutures	<input type="checkbox"/> nucleus	<input type="checkbox"/> capsular	<input type="checkbox"/> generalized/complete	<input type="checkbox"/> resorbing/hypemature
<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> vitreous	<input type="checkbox"/> PHPV/PHTVL	<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> degeneration	<input type="checkbox"/> syneresis	<input type="checkbox"/> ant. chamber	<input type="checkbox"/> syneresis	<input type="checkbox"/> ant. chamber	

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached	<input type="checkbox"/> retinal detachment	<input type="checkbox"/> folds
<input type="checkbox"/> geographic	<input type="checkbox"/> retinal atrophy — generalized	<input type="checkbox"/> geographic
<input type="checkbox"/> folds	<input type="checkbox"/> retinopathy	<input type="checkbox"/> detached
<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> choroidal hypoplasia	
	<input type="checkbox"/> coloboma	
	<input type="checkbox"/> optic nerve coloboma	
	<input type="checkbox"/> optic nerve hypoplasia	
	<input type="checkbox"/> micropapilla	

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

NORMAL

OFA Health Clinic Discount

Clinic Rate: \$7.50

Club Seed Canine KC

Date: 2/2/20

Valid on: OFA Canine Eye/Thyroid/Panel Registration

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

© American College of Veterinary Ophthalmologists

02/27/19

Canine Genetic Testing Report



Submitted By
 Cynthia Huff & Joel Haeber
 2294 E. 2250 North Road
 Carlock, IL 61725

Subject Dog 00707058

Dog Name: Fitz
Breed: Standard Poodle
Phenotype: Black

Sire

Sire Name:
Breed:
Registration:
Phenotype:

Registration:
Sex: Male
Birth: 06/19/2017
Date Received: 12/29/2017

Dam

Dam Name:
Breed:
Registration:
Phenotype:

Coat Color Testing

A Locus-Ay	X	DM	+/N	Clear: Dog is negative for the Degenerative Myelopathy mutation.
A Locus-At	X	NEWS	+/NEWS	Clear: Dog status for the A Locus mutation, and can potentially pass on the mutation to any offspring.
A Locus-a	X	prod-PRA	+/N	Clear: Prognosis analysis indicates dog is negative for the prod-PRA mutation.
B Locus	X	WMD1	+/N	Clear: Dog tested negative for the von Willebrand's Type I mutation.
D Locus				

E Locus-EM				
E Locus-e				
K Locus-KB				
Spotting				
Hairlength				
Melano				

Coat Type Testing

Hair Length				
Hair Curl				
Furnishings				
Bobtail				

Genetic Marker Results

	Run Data:									
AMT1	AMT17	AMT173	AMT180	AMT181	AMT183	CSZ79				
SNM18L	PI395L	PI395R	INR121	INL005	INL030	INL065				
RENR11	RENR120L	RENR190S1		RENR190S2						

Additional Comments