



AMERICAN KENNEL CLUB

March 2, 2017

TOM FLAHERTY  
PO BOX 197  
MT BETHEL PA 18343

Letter of DNA Analysis

Breed: **Labrador Retriever**  
Sex: **Male**  
Date of Birth: **20-JUL-2015**  
ID #: **985112006199576**  
Date of Analysis: **31-JAN-2017**  
AKC #: **SR89465405**  
AKC Name: **Gallivant Wellington**  
Owner(s): **fabian negron, Thomas Flaherty**

DNA Profile #: **V808642**

The following genotype uniquely represents the Neogen Corporation genetic identity of the dog named herein:

Neogen #: **C0954560**

E	E	C	J	B	D	D	F	B	C	J	J	C	E	B	D	C	D	C	C	F	K	B	B	C	E	X	Y
PEZ 1		PEZ 3		PEZ 5		PEZ 6		PEZ 8		PEZ 12		PEZ 20		UCB 2010		UCB 2054		UCB 2079		PEZ 16		PEZ 17		PEZ 21		GEN	

Mark Dunn, AVP, Registration Development  
American Kennel Club

Stewart Bauck, General Manager GeneSeek  
Neogen Corporation



DNA Certificate Order Form



DR1AA

AKC Name: **Gallivant Wellington**  
AKC #: **SR89465405** DNA Profile #: **V808642**  
Owner(s): **fabian negron, Thomas Flaherty**

Number of DNA certificates \_\_\_\_\_ @ \$10 each = \$ \_\_\_\_\_ total amount included

Mail order form to

Check or money order  MasterCard  Visa  AmEx

AKC DNA Operations  
PO Box 900065  
Raleigh NC 27675-9065

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

## Canine Genetic Health Certificate™

<b>Call Name:</b>	Wellington	<b>Laboratory #:</b>	34693
<b>Registered Name:</b>	Gallivant Wellington	<b>Registration #:</b>	SR89465405
<b>Breed:</b>	Labrador Retriever	<b>Microchip #:</b>	985112006199576
<b>Sex:</b>	Male	<b>Certificate Date:</b>	Sept. 12, 2016
<b>DOB:</b>	July 2015		

**This canine's DNA showed the following genotype(s):**

Disease	Gene	Genotype	Interpretation
Centronuclear Myopathy	<i>PTPLA</i>	WT/WT	Normal (clear)
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	<i>COL9A3</i>	WT/WT	Normal (clear)
Skeletal Dysplasia 2	<i>COL11A2</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant



**Blake C Ballif, PhD**  
Laboratory & Scientific Director



**Christina J Ramirez, PhD, DVM, DACVP**  
Medical Director

Paw Print Genetics® performed the tests listed on this dog. See the Laboratory Report for interpretation and recommendations based on these findings. The genes/diseases reported here were selected by the client. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. These tests were developed and their performance determined by Paw Print Genetics. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results. Genetic counseling is available at Paw Print Genetics.

## Coat Color and Trait Certificate

<b>Call Name:</b>	Wellington	<b>Laboratory #:</b>	34693
<b>Registered Name:</b>	Gallivant Wellington	<b>Registration #:</b>	SR89465405
<b>Breed:</b>	Labrador Retriever	<b>Microchip #:</b>	985112006199576
<b>Sex:</b>	Male	<b>Certificate Date:</b>	Sept. 12, 2016
<b>DOB:</b>	July 2015		

**This canine's DNA showed the following genotype(s):**

Coat Color/Trait Test	Gene	Genotype	Interpretation
B Locus (Brown)	<i>TYRP1</i>	B/b	Black coat, nose and foot pads (carries brown)
D Locus (Dilute)	<i>MLPH</i>	D/D	Non dilute
E Locus (Yellow/Red)	<i>MC1R</i>	E/e	Black (carries yellow/red)
L Locus (Long Hair)	<i>FGF5</i>	Sh/Sh	Shorthaired

**Interpretation:**

This dog carries one copy of **B** and at least one copy of **b** at the  $b^c$ ,  $b^d$  or  $b^s$  locus making the overall B locus genotype of this dog **B/b**. The overall B locus genotype for a dog is determined by the combination of the genotypes at the  $b^c$ ,  $b^d$ , and  $b^s$  loci. The  $b^c$ ,  $b^d$ , and  $b^s$  variants confer brown coat, nose, and foot pads when at least one of these DNA changes is present on both genes of the dog at the B locus. If the dog has one or no copies of **b** then the dog will have a black coat, nose, and foot pads. However, this dog's coat color is also dependent on the E, K, and A genes. This dog will pass on **B** to 50% of its offspring and **b** to 50% of its offspring.

This dog carries two copies of **D** which does not result in the "dilution" or lightening of the black and yellow/red pigments that produce the dog's coat color. The base coat color of this dog will be primarily determined by the E, K, A, and B genes. This dog will pass on **D** to 100% of its offspring.

This dog carries one copy of **E** and one copy of **e** which allows for the production of black pigment. However, this dog's coat color is also dependent on the K, A, and B genes. This dog will pass **E** on to 50% of its offspring and **e** to 50% of its offspring, which can produce a yellow/red coat (including shades of white, cream, yellow, apricot or red) if inherited with another copy of **e**.

This dog carries two copies of **Sh** which results in short hair. However, the overall coat type of this dog is dependent on the combination of this dog's genotypes at the L, Cu, and IC loci. This dog will pass **Sh** on to 100% of its offspring.

Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

*\*Note: Preliminary results for all tests were reported to the client via phone on September 9, 2016.*

## Laboratory Report

<b>Laboratory #:</b>	34693	<b>Call Name:</b>	Wellington
<b>Order #:</b>	14178	<b>Registered Name:</b>	Gallivant Wellington
<b>Ordered By:</b>	Thomas Flaherty	<b>Breed:</b>	Labrador Retriever
<b>(Co-)Owner:</b>	Fabian Negron	<b>Sex:</b>	Male
<b>Ordered:</b>	Aug. 29, 2016	<b>DOB:</b>	July 2015
<b>Received:</b>	Sept. 1, 2016	<b>Registration #:</b>	SR89465405
<b>Reported:</b>	Sept. 12, 2016	<b>Microchip #:</b>	985112006199576

### Results:

Disease	Gene	Genotype	Interpretation
Centronuclear Myopathy	PTPLA	WT/WT	Normal (clear)
Degenerative Myelopathy	SOD1	WT/WT	Normal (clear)
Exercise-Induced Collapse	DNM1	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	SUV39H2	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	PRCD	WT/WT	Normal (clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	COL9A3	WT/WT	Normal (clear)
Skeletal Dysplasia 2	COL11A2	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant

### Interpretation:

Molecular genetic analysis was performed for seven specific mutations reported to be associated with disease in dogs. We identified two normal copies of the DNA sequences in the mutations tested.

### Recommendations:

No mutations were identified. Thus, this dog is not at an increased risk for the diseases caused by or associated with the mutations tested. Because this dog is "clear" of these mutations, this dog will only pass the normal genes on to its offspring. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

*\*Note: Preliminary results for all tests except retinal dysplasia/oculoskeletal dysplasia 1 were reported to the client via phone on September 9, 2016.*

# THE AMERICAN KENNEL CLUB

## CHAMPIONSHIP CERTIFICATE

*This certifies that*

RETRIEVER (LABRADOR)

GALLIVANT WELLINGTON ~ SR89465405

*bred by*

FABIAN NEGRON & THOMAS FLAHERTY

*owned by*

FABIAN NEGRON & THOMAS FLAHERTY

*having completed the requirements on*

MAY 12, 2017

*has been officially recorded a*

**CHAMPION**

*by The American Kennel Club*



**American  
Kennel Club®**

*Guia Di Wardo*  
Executive Secretary

AMERICAN KENNEL CLUB · FOUNDED 1884

# Certified Pedigree

**GCH CH PARADOCS OBSIDIAN**

**Sire** SR56731701 (04-11) OFA24G OFEL24 EYE69  
BLK AKC DNA #V631419

**CH PARADOCS HUNTERLEIGH QUINN**  
SR33388702 (09-09) OFA29G BLK

**CH PARADOCS JONQUIL**  
SR11270403 (07-06) OFA24E OFEL24 YLW  
AKC DNA #V417270

**PARADOCS TABATHA'S CORRIE**  
SN84973501 (07-06) OFA24G OFEL24 BLK

**GCH CH DRY CREEK PARADOCS ONYX**  
SR27932708 (12-08) OFA24G OFEL24 BLK

**CH PARADOCS TABATHA'S CAILLOU**  
SR07614402 (10-04) OFA24F OFEL24 BLK  
AKC DNA #V321262

**CH FARBOURNE'S ROYAL PEARL**  
SN62596001 (02-02) OFA24G OFEL24 BLK  
(NET)

**GALLIVANT WELLINGTON**

SR89465405  
LABRADOR RETRIEVER MALE BLK  
Microchip: 985112006199576  
Date Whelped: 07/20/2015  
Breeder: FABIAN NEGRON/THOMAS FLAHERTY

**CH TABATHA'S ADVENTURE SCORE**  
SR29065505 (10-06) OFA34G OFEL30 BLK AKC  
DNA #V472622

**CH TABATHA'S SPORT**  
SN91096602 (07-03) OFEL24 YLW AKC DNA  
#V273180

**CH TABATHA'S TEASE**  
SN91506101 (01-06) OFA24G BLK AKC DNA  
#V450994

**Dam** **GCH CH BIG PINE FAITH IN AFRICA.**  
SR64542901 (01-15) OFA35E OFEL35 BLK

**BLACK NEBULA ANGUIANO**  
SR63713801 (01-11) BLK (MEX) AKC DNA  
#V613806

**TEQUILAB'S AMADEUS AIR**  
SR59548601 (06-10) OFA33G OFEL33 BLK  
(MEX) AKC DNA #V589085

**GABANA GIRL ANGUIANO**  
FCM Q0636-C



**AMERICAN  
KENNEL CLUB**

*James P. Crowley*  
Executive Secretary

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on December 28, 2015.



# 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

Registered name: **Gallivant Wellington**  
 Breed: **Labrador Retriever** Sex: **M**  
 ID Number (if any):  Tattoo  Microchip  
**985112006199576**  
 Registration Number:  AKC  Other  
**SR89465405**  
 Date of Birth: **072015** Date of Exam: **012917**

Owner Name: **Fabian Negron**  
 Co-Owner Name: **Tom Flaherty** Phone: **(610) 451-5477**  
 Owner Address: **PO Box 197**  
 City: **Mount Bethel** State: **PA** Zip/postal code: **18343**  
 E-Mail (use both lines if needed): **tdflaherty09@gmail.com**

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]*  
 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) \_\_\_\_\_

OFA Eye Clearance Database

OFA Health Clinic Discount	: 12.00
Clinic Rate: \$7.50	: 8.00
Club: Jersey Skylands Labrador Retriever Club	: 30.00
Date: 1/29/17	
Valid on: OFA Cardiac, Eye and Thyroid exams	: 7.50

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.

To pay by Credit Card, see the back of the WHITE sheet.



321239

## Companion Animal Eye Registry (CAER)

	RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
<b>EYELIDS</b>			
<input type="checkbox"/>	entropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>
<b>NICTITANS</b>			
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>
<b>CORNEA</b>			
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>	<input type="checkbox"/>
<b>UVEA</b>			
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>	<input type="checkbox"/>
<b>LENS</b>			
<input type="checkbox"/>	Incomp. Incip. Punc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>suspect not inherited</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	<input type="checkbox"/>
<b>VITREOUS</b>			
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>	<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: **Dr. Michael J. Ringle**  
 City: **EC 160** State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
 Phone: **Red Bank Veterinary Hospital**  
**732-747-3636**  
 Email: \_\_\_\_\_

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER CONDITIONS</b>			
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments		<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>		<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: *[Signature]* ACVO # **160** Date: **1/29/17**  
 Diplomat, American College of Veterinary Ophthalmologists

Comments

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ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



GALLIVANT WELLINGTON, CH  
*registered name*

SR89465405  
*registration no.*

LABRADOR RETRIEVER  
*breed*

M  
*sex*

7/20/2015  
*date of birth*

985112006199576  
*tattoo/microchip/DNA profile*

25  
*age at evaluation in months*



A Not-For-Profit Organization

1837571  
*application number*

LR-EL79897M25-VPI  
*O.F.A. NUMBER*

9/7/2017  
*date of report*

*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 elbow dysplasia was recognized.

NORMAL

*G.G. Keller, D.V.M.*

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

owner

FABIAN NEGRON  
THOMAS FLAHERTY  
PO BOX 197  
MOUNT BETHEL, PA 18343

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



GALLIVANT WELLINGTON, CH  
*registered name*

SR89465405  
*registration no.*

LABRADOR RETRIEVER  
*breed*

M  
*sex*

7/20/2015  
*date of birth*

985112006199576  
*tattoo/microchip/DNA profile*

25  
*age at evaluation in months*



A Not-For-Profit Organization

1837571  
*application number*

LR-228938G25M-VPI  
*O.F.A. NUMBER*

9/7/2017  
*date of report*

*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

*G.G. Keller, D.V.M.*

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

owner

FABIAN NEGRON  
THOMAS FLAHERTY  
PO BOX 197  
MOUNT BETHEL, PA 18343

www.offa.org



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



GALLIVANT WELLINGTON, CH  
*registered name*

SR89465405  
*registration no.*

LABRADOR RETRIEVER  
*breed*

M  
*sex*

C007012  
*film/test/lab #*

7/20/2015  
*date of birth*

985112006199576 DNA:V808642  
*tattoo/microchip/DNA profile*

14  
*age at evaluation in months*



A Not-For-Profit Organization

1837571  
*application number*

LR-ACA710/14M-VPI  
*O.F.A. NUMBER*

2/22/2018  
*date of report*

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

**RESULTS:**

NORMAL: NO EVIDENCE OF CONGENITAL OR ADULT ONSET INHERITED HEART DISEASE --  
AUSCULTATION & ECG & ECHO (NOTE: THE CONGENITAL CLEARANCE IS CONSIDERED  
PERMANENT; ADULT ONSET CLEARANCE VALID FOR 1 YEAR FROM TEST DATE 9/20/2016.)  
EXAMINER: CS23-CARL SAMMARCO, BVSC, DACVIM

owner

FABIAN NEGRON  
THOMAS FLAHERTY  
PO BOX 197  
MOUNT BETHEL, PA 18343

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