

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

RAINEDANCE ALL TERRAIN TOM
registered name

DN28610101
registration no.

AUSTRALIAN SHEPHERD
breed

M
sex

985121009450915
tattoo/microchip/DNA profile

8/20/2010
date of birth

1552707
application number

27
age at evaluation in months

1/4/2013
date of report

AS-29693G27M-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

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

M. RAINE LUTZ
1394 CADENCE WAY
SANTA ROSA, CA 95401-9189

G.G. Keller DVM

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

www.offa.org

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27
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1/4/2013
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AS-EL6005M27-VPI
O.F.A. NUMBER

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A Not-For-Profit Organization

RESULTS:

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

NORMAL

owner

M. RAINE LUTZ
1394 CADENCE WAY
SANTA ROSA, CA 95401-9189

G.G. Keller DVM

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



Certificate Number: AC2792

Animal Health Trust

**Newmarket
Suffolk, UK**

DNA TEST FOR HEREDITARY CATARACT

Registered Name: Rainedance All Terraine Tom

Registration Number: DN28610101

Microchip/Tattoo Number: Unknown

Breed: **AUSTRALIAN SHEPHERD**

This dog is CLEAR of the hereditary cataract mutation.

Authentication code: AC0183174

Explanation of terms:

This dog does not carry any copies of the HC mutation and will neither develop the form of HC that is associated with this mutation, nor pass a copy of the HC mutation to any of its offspring.

Result authorised by: Dr. N. G. Holmes (Genetic Services Manager)

Sample received: 16/02/2011

Test completed: 22 February, 2011 using SOP/IMUN/29-1

Name: M Raine Lutz

Address: 1394 Cadence Way, Santa Rosa, CA 95401, USA

Result only applies to sample supplied

Genetic Services, Animal Health Trust, Lanwades Park, Kentford, Newmarket, Suffolk, CB8 7UU, UK

Tel: 01638 555621 Fax: 01638 555666 E-mail: dnatesting@aht.org.uk

Any deletions or additions made will invalidate this certificate

MDR1 GENOTYPING RESULTS

12/10/2010 9:23:43 AM

MDR1 - 19427

Raine Lutz

Santa Rose, CA

Identification Number: DN28610101

Submission Type: Brush

Dog Name: Raine Dance Tommy

Dog Breed: Australian Shepherd

Test Result: **Normal/Normal**

Explanation of test results

Normal/Normal

These dogs do not carry the mutation, and will not pass on the mutation to their offspring. These dogs would not be expected to experience unexpected adverse drug reactions to normal doses of ivermectin, loperamide (Imodium®), and some anticancer drugs.

Mutant/Mutant

These dogs carry the mutation and can not pass on a normal gene to their offspring. These dogs would be expected to experience toxicity after normal doses of loperamide (Imodium®), some anticancer drugs, and high doses of ivermectin (greater than 50 micrograms per kilogram).

Mutant/Normal

These dogs carry the mutation and may pass on the mutant gene to their offspring. These dogs may experience toxicity after normal doses of loperamide (Imodium®), some anticancer drugs, and high doses of ivermectin (greater than 50 micrograms per kilogram).

A current list of problem drugs for dogs with the MDR1 mutation may be found at this web address:

<http://www.vetmed.wsu.edu/VCPL>

Jonathan Minch

Jonathan Minch

Veterinary Clinical Pharmacology Laboratory Manager

* PCR for this service is performed pursuant to an agreement with Roche Molecular Systems, Inc.

US Patent Number US 6,790,621 B2. Foreign patents pending for MDR1 testing.

PO Box 609, Pullman, WA 99163-0609

509-335-3745 . FAX: 509-335-3745 . vcpl@vetmed.wsu.edu . www.vetmed.wsu.edu/VCPL

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Orthopedic Foundation for Animals
 2300 E. Nißong 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: Rain Banks Altman Tom
 Breed: Aust Shep Sex: M

ID Number (if any): Tattoo Microchip
985121009450915
 Registration Number: AKC Other
DNR66101011
 Date of Birth: 082010 Date of Exam: 060812

Owner name: W. L. Lane Lot 2
 Owner Address: 134 Cedarwood Way
 City: Stapa River VA State: VA Zip/postal code: 22670
 E-mail (use both lines if needed):
valne@earthlink.net
s.l@va.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!
W. Lane

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 **048441**

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos keratoconjunctivitis sicca glaucoma **EYE LIDS** entropion ectropion distichiasis ectopic cilia Imperforate lacrimal punctum **NICTITANS** cartilage anomaly/eversion gland prolapse plasmoma/atypical pannus **CORNEA** dystrophy — epithelial/stromal dystrophy — endothelial pannus exposure/pigmentary keratitis **UVEA** uveal cyst 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

ciliary body iris ant. chamber

ant. chamber syneresis

Veterinarian name: D. H. Acker
 Veterinarian Address: _____
 City: _____ State: _____ Zip/postal code: _____
 Phone: _____ ACVO #: 017
 Email: _____

<p>CORNEA</p> <p><input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P</p>	<p><input type="checkbox"/> endothelial opacity/no strands</p> <p><input type="checkbox"/> lens pigment foci/no strands</p> <p><input type="checkbox"/> iris sheets</p> <p><input type="checkbox"/> iris to cornea</p> <p><input type="checkbox"/> iris to lens</p> <p><input type="checkbox"/> iris to iris</p>	<p><input type="checkbox"/> ciliary body</p> <p><input type="checkbox"/> iris</p> <p><input type="checkbox"/> ant. chamber</p>	<p>RIGHT EYE FUNDUS LEFT EYE</p> <p><input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds</p> <p><input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal atrophy — generalized <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia</p> <p><input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached</p>	<p>OTHER CONDITIONS</p> <p><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</p> <p>Unlisted conditions suspected as inherited. Describe in comments _____</p> <p>Unlisted conditions suspected as not inherited _____</p>	<p>CATARACT</p> <p>Incomp. Incip. Punc. Punc. Incip. Incomp.</p> <p><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/hypermature <input type="checkbox"/> significance of cataract unknown <input type="checkbox"/> subluxation/luxation</p> <p>VITREOUS</p> <p><input type="checkbox"/> PHPV/PTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration</p> <p><input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber</p>	<p>CORNEA</p> <p><input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P</p>

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/aphthinoscopy, and biomicroscopy.
 Signature: W. A. Acker Date: 6/8/13
 Diplomat, American College of Veterinary Ophthalmologists

Woodstock Cluster
 Cardiac/BAER/OFA Eye Clinic
 June 8-9, 2013
 OFA Clinic Rate: \$7.50

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