

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

**PINEWOOD FARM'S PRIDE WALKER**  
*registered name*

**CAVALIER KING CHARLES SPANIEL**  
*breed*

*film/test/lab #*

**953000010355299 V885442**  
*tattoo/microchip/DNA profile*

**2113171**  
*application number*

**03/02/2026**  
*date of report*

**RESULTS:**

The results of the examination submitted to OFA indicate that no evidence of patellar luxation was recognized.

**owner**  
ALLEN MILLER  
1916 TR 122  
MILLERSBURG OH 44654

OFA eCert



Verify QR scan

**TS41033501**  
*registration no.*

**M**  
*sex*

**06/12/2018**  
*date of birth*

**85**  
*age at evaluation in months*



A Not-For-Profit Organization

**KCS-PA15012/85M/P-VPI**  
*O.F.A. NUMBER*

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

**NORMAL - PRACTITIONER**

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

[www.ofa.org](http://www.ofa.org)

This electronic OFA certificate was generated on: 03/02/2026

This certification can be verified on the OFA website by entering the animal's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email [CORRECTIONS@OFA.ORG](mailto:CORRECTIONS@OFA.ORG) to request a correction.

Orthopedic Foundation for Animals, Inc.  
2300 E. Nifong Blvd.  
Columbia, MO 65201-3806

OFA website: [www.ofa.org](http://www.ofa.org)  
E-mail address: [ofa@ofa.org](mailto:ofa@ofa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



PINEWOOD FARM'S PRIDE WALKER  
*registered name*

TS41033501  
*registration no.*

CAVALIER KING CHARLES SPANIEL  
*breed*

M  
*sex*

668829  
*film/test/lab #*

6/12/2018  
*date of birth*

953000010355299 DNA:V885442  
*tattoo/microchip/DNA profile*

16  
*age at evaluation in months*



A Not-For-Profit Organization

2113171  
*application number*

KCS-EYE4344/16M-VPI  
*O.F.A. NUMBER*

12/20/2019  
*date of report*

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

**RESULTS:**

Based upon the exam dated 10/28/2019, this dog has been found to be free of significant 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. The following breeder option codes were noted:

G1: RETINAL DYSPLASIA - FOLDS

Breeder Options are clinical observations that may be inherited but do not represent current potential compromise of ocular comfort, vision or other ocular functions.

owner

ALLEN MILLER  
1916 TR 122  
MILLERSBURG, OH 44654

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

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



PINEWOOD FARM'S PRIDE WALKER  
*registered name*

CAVALIER KING CHARLES SPANIEL  
*breed*

953000010355299 DNA:V885442  
*tattoo/microchip/DNA profile*

2113171  
*application number*

12/26/2019  
*date of report*

**RESULTS:**

Based upon the radiograph submitted, no phenotypic evidence of Legg-Calve-Perthes disease was recognized.

TS41033501  
*registration no.*

M  
*sex*

6/12/2018  
*date of birth*

16  
*age at evaluation in months*

KCS-LP197/16M-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

NORMAL

OWNER

ALLEN MILLER  
1916 TR 122  
MILLERSBURG, OH 44654

G.G.KELLER, D.V.M., M.S., 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

Call name: <b>walker</b>	Coat Color: <b>TRF</b>
Registered name: <b>Pinewood Farms Pride walker</b>	
Breed: <b>Cavalier</b>	Sex: <b>M</b>
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip <input checked="" type="checkbox"/>	
<b>953000010355299</b>	
Registration Number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> Other	
<b>TS41033501</b>	
Date of Birth (mm/dd/yy): <b>06/2/18</b>	Date of Exam (mm/dd/yy): <b>03/3/25</b>
Owner Name: <b>Allen Miller</b>	
Co-Owner Name:	Phone: <b>330-231-9802</b>
Owner Address: <b>1916 TR 122</b>	
City: <b>Millersburg</b>	State: <b>OH</b>
Zip/postal code: <b>44654</b>	
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.

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  
 NO MICROCHIP/TATTOO PRESENT

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

Signature: ACVO #: **534** Date: **3/3/25**

Diplomate, American College of Veterinary Ophthalmologists

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

# Companion Animal Eye Registry (CAER)

	<b>RIGHT EYE</b>	<b>GLOBE</b>	<b>LEFT EYE</b>
	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
		<b>EYELIDS</b>	
	<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"/>
		<b>NICTITANS</b>	
	<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"/>
		<b>CORNEA</b>	
	<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"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
		<b>UVEA</b>	
	<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"/>	pigmentary uveitis	<input type="checkbox"/>
		<b>persistent pupillary membranes</b>	
		<b>LENS</b>	
	<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"/>
		<b>VITREOUS</b>	
	<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
		<b>degeneration</b>	

Ophthalmologist Name:  
Ophthalmologist Address:  
City: **Dr. Eric J Miller** Zip/postal code:  
**EG 534**  
Phone: ACVO #:  
Email:

	<b>RIGHT EYE</b>	<b>FUNDUS</b>	<b>LEFT EYE</b>
<input type="checkbox"/>	<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"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	other presumed inherited 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"/>

**OTHER CONDITIONS**

Unlisted conditions suspected as **inherited**. Describe in comments

Unlisted conditions suspected as **not inherited**

**NORMAL**

Comments



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



# Orthopedic Foundation for Animals

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Phone: (573) 442-0418; Fax: (573)875-5073

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# Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



American College of Veterinary Internal Medicine

Registered name: Pinewoods Farms Pide walker

Call name: walker Weight:  kg  lbs  
 Estimate

Breed: Cavalier Gender: M

Sire Registration #: Met 461413 Dam Registration #: Met 423116

Registration Number:  AKC  Other  
7541033501

ID Number (if any):  Tattoo  Microchip  
9530000 10355299

Date of Birth: (MMDDYY) 06/21/18 Date of Exam: (MMDDYY) 08/21/25

Owner Name: Allen Miller

Co-Owner Name: \_\_\_\_\_ Phone: 330-231-9802

Owner Address: 1916 TR 122

City: Millersburg State: \_\_\_\_\_ Zip/postal code: OH 44654

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 cardiologist 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 \_\_\_\_\_

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) \_\_\_\_\_

Megan McLane, DVM DACVIM  
Cardiology - CM07  
513-530-0911  
cardiology@carecentervets.com

Fees and credit card information on back of WHITE sheet.  
03/01/2023



182702

### EXAMINATION FINDINGS

#### AUSCULTATION (REQUIRED)

Normal  Abnormal  Arrhythmia

Murmur Grade: I  II  III  IV  V  VI

PMI: Left  Right  Base  Apex

Timing: Systolic  Diastolic  Continuous

Extra Sounds: Click  Gallop  Split S1  Split S2

#### ECHOCARDIOGRAM (REQUIRED)

RV: Normal  Enlarged: Mild  Moderate  Severe  \_\_\_\_\_ mm

RA: Normal  Enlarged: Mild  Moderate  Severe  \_\_\_\_\_ mm

LV: Normal  Enlarged: Mild  Moderate  Severe

LVIDd: \_\_\_\_\_ mm LVIDdn: \_\_\_\_\_ mm (MM  2D )

LVIDs: \_\_\_\_\_ mm LVIDsn: \_\_\_\_\_ mm (MM  2D )

LV EDVI (2D): \_\_\_\_\_ mL/m<sup>2</sup> LV ESVI (2D): \_\_\_\_\_ mL/m<sup>2</sup>

SF: \_\_\_\_\_ % (MM  2D ) EF (2D volumetric): \_\_\_\_\_ %

IVS: IVSd \_\_\_\_\_ mm Normal  Abnormal  (MM  2D )

PW: PWd \_\_\_\_\_ mm Normal  Abnormal  (MM  2D )

LA: Normal  Enlarged: Mild  Moderate  Severe

LAd: \_\_\_\_\_ mm: SAx  LAx  (MM  2D ) EPSS: \_\_\_\_\_ mm

Ao Diameter: \_\_\_\_\_ mm LA/Ao: \_\_\_\_\_ Method: \_\_\_\_\_

TV: Normal  Abnormal: Mild  Moderate  Severe

TR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s

MV: Normal  Abnormal: Mild  Moderate  Severe

MR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s

LVOT: Normal  Abnormal  Ridge  Other \_\_\_\_\_

LVOT Vel: Normal  Abnormal  \_\_\_\_\_ m/s

AoV: Normal  Abnormal: Mild  Moderate  Severe

AoV Vel: Normal  Abnormal  (Apical  Subcostal ) \_\_\_\_\_ m/s

AR: None  Trivial  Mild  Moderate  Severe  \_\_\_\_\_ m/s

RVOT: Normal  Infundibular narrowing  Vmax (if abnormal) \_\_\_\_\_ m/s

RVOT Vel: Normal  Abnormal  \_\_\_\_\_ m/s

PV: Normal  Abnormal  Mild  Moderate  Severe

PV Vel: Normal  Abnormal  (Right  Left apex ) \_\_\_\_\_ m/s

Comments \_\_\_\_\_

Genetic Test Status Test: \_\_\_\_\_  
Negative  Abnormal: Heterozygous  Homozygous

### ELECTROCARDIOGRAM NOT PERFORMED

Date: \_\_\_\_\_  normal  abnormal

HR: \_\_\_\_\_ Method: \_\_\_\_\_

Rhythm: \_\_\_\_\_

### EXAMINATION RESULTS

#### NORMAL (CHECK ALL THAT APPLY)

No evidence for congenital heart disease

No evidence for adult-onset inherited heart disease  
**Valid for 1 year**

Holter monitor required within 90 days for final clearance (see back of white form for additional information)

#### EQUIVOCAL (CHECK ALL THAT APPLY)

Congenital heart disease cannot be definitively diagnosed nor excluded

Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded

#### ABNORMAL (CHECK ALL THAT APPLY)

Evidence of congenital heart disease

Evidence of adult-onset inherited heart disease

Diagnosis:  ARVC  ASD  DCM  MVD  MMVD  
 PDA  PS  SAS/AS  TVD  VSD  
 Other  
 Arrhythmia

Severity:  Mild  Moderate  Severe

Comments (additional findings which would not result in a final abnormal diagnosis): \_\_\_\_\_

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

NO MICROCHIP/TATTOO PRESENT

Signature: \_\_\_\_\_ Date: 8/21/25

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy  
PINK = Diplomate copy  
YELLOW = Research copy © Orthopedic Foundation for Animals



## Canine Genetic Health Certificate™

**Call Name:** Dog 2  
**Registered Name:** Pine wood Farm's Price Walker  
**Breed:** Cavalier King Charles Spaniel  
**Sex:** Male  
**DOB:** Jan. 2021

**Laboratory #:** 249181  
**Registration #:** ts41033501  
**Microchip #:** 355299  
**Certificate Date:** Sept. 13, 2021

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

Disease	Gene	Genotype	Interpretation
Dry Eye Curly Coat Syndrome	FAM83H	WT/WT	Normal (clear)
Episodic Falling Syndrome	BCAN	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

**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.