

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

	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"/>	pigmentary keratitis/keratopathy	<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"/>	pigmentary uveitis	<input type="checkbox"/>
		persistent 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"/>
		VITREOUS	
	<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
	<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: _____
Ophthalmologist Address: _____
City: **Dr. Eric J Miller** Zip/postal code: _____
EG 534
Phone: _____ ACVO #: _____
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"/>	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"/>	<input type="checkbox"/>
	OTHER CONDITIONS		
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Unlisted conditions suspected as not inherited		<input type="checkbox"/>
NORMAL			

Comments



Orthopedic Foundation for Animals

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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 Pride 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/m² LV ESVI (2D): _____ mL/m²

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.