

DANBRIDGE LABRADORS
PROUDLY PRESENTS

Danbridge High Roller **JACK**

(2) WINNERS DOG
South County KC -
Judge Pierry McLean
South County KC -
Judge Krista Beal

PRELIM OFA HIPS: GOOD
PRELIM OFA ELBOWS: NORMAL
HEART ECHO: CLEAR
EYES NORMAL 2020, 2022
PRA: CARRIER
EIC: CLEAR
HNPK: CLEAR
Bb
DOB: 8/5/2020

DANBRIDGE ON THE ROAD
AGAIN AT JAYHAWK

GCH DANBRIDGE HENRY J
JAYHAWK'S GOLDEN PIPPIN

CH DANBRIDGE INDIANA JONES WC
CH DANBRIDGE EMPRESS JOSEPHINE
AM/CAN CH WAIFIN'S FLY CABOT TO TORNGAT
DANBRIDGE CARRIE ANN @ JAYHAWK

DANBRIDGE YOU CAN BETTE
ON THAT

GCH PICCADILLY'S A SHADE DARKER
DANBRIDGE THAT GIRL

GCH PICCADILLY'S SEEK SHADE
ERINHILL'S SECRET RENDEZVOUS AT BASKOR
CH LITTLE LEAPING LEO
CH DANBRIDGE AMERICAN GIRL WC

DANBRIDGE LABRADORS

Breeders / Owners: Marilyn & Ken Meewes www.danbridgekennels.com

Pedigree of:**CH Danbridge High Roller * * ***

Date of Birth: 8/5/2020

Sex: M

Breed: Labrador Retriever

Color & Markings:

Reg No.:

Owned By:

Bred By: Marilyn & Ken Meewes

PARENTS	GRANDPARENTS	G GRANDPARENTS	G G GRANDPARENTS	G G G GRANDPARENTS
SIRE: Danbridge On The Road Again by Jayhawk Reg No.: Color: Black Surveyor:	GCH. Danbridge Henry J Reg No.:	CH Danbridge Indiana Jones WC	CH Visions Cain's Mutiny	CH Sounder's Hear Me Roar
			Danbridge Rhett's Dilemma	CH Kellygreens Amazing Grace
		CH Danbridge Empress Josephine	CH Windfall's Pipe Major	CH Blackdux Knight Moves, JH
			Danbridge Kathryn The Great, CD, CGC RN	Danbridge Kathryn The Great, CD, CGC
	Jayhawk's Golden Pippin Reg No.:	Am/Can Ch. Waifin's Fly Cabot to Tornat	Dut.Ger.Vdh Ch. Mallorn's Aldebaran	CH Hyspire's Darktown Strutter
			CH Waifin's High Flying Adored	CH Windfall's Black Piper WC
		Danbridge Carrie Ann @ Jayhawk	CH Danbridge Indiana Jones WC	CH Graemoor Tim CD JH
			CH Danbridge Empress Josephine	Danbridge Socialite
DAM: Danbridge You Can Bette On That Reg No.: Color: Black Surveyor:	GCH Piccadilly's A Shade Darker Reg No.:	GCH Piccadilly's Seek Shade	CH Endeavor Piccadilly Gotta Wear Shades	Fin. Ch. Mallorn's Shenandigan
			Preton Anita at Windfall	Fin. Ch. Boothgate Miz Showbusiness
		Erinhill's Secret Rendezvous at Bayskor	CH Fortune's Curious George	CH Dickendalls Arnold JH
			CH Victoria's Secret at Erinhill	CH Wiscoys Disguise The Limit
	Danbridge That Girl Reg No.:	CH Liddle Leaping Leo	CH Danbridge Indiana Jones WC	CH Visions Cain's Mutiny
			CH Danbridge Empress Josephine	Danbridge Rhett's Dilemma
		CH Danbridge American Girl WC	CH Endeavor Piccadilly Gotta Wear Shades	CH Windfall's Pipe Major
			Preton Anita at Windfall	Danbridge Kathryn The Great, CD, CGC
DAM: Danbridge You Can Bette On That Reg No.: Color: Black Surveyor:	GCH Piccadilly's A Shade Darker Reg No.:	GCH Piccadilly's Seek Shade	CH Endeavor Piccadilly Gotta Wear Shades	CH Sure Shot Hyspire Impressive
			Preton Anita at Windfall	Can Ch Lubberline Endeavor Binnacle
		Erinhill's Secret Rendezvous at Bayskor	CH Fortune's Curious George	CH Windfall's Pipe Major
			CH Victoria's Secret at Erinhill	Preton Ballerina
	Danbridge That Girl Reg No.:	CH Liddle Leaping Leo	CH Dickendalls Arnold JH	CH Trendlewood Song for Guy
			Lobuff's Lillo of Timberlands	CH Dickendall Buckstone Blooper
		CH Danbridge American Girl WC	Trinity's Titus	Rosemoor Erinhill's Gallagher
			Danbridge Pin-Up Girl	CH Erinhill's Special Occasion
DAM: Danbridge You Can Bette On That Reg No.: Color: Black Surveyor:	GCH Piccadilly's A Shade Darker Reg No.:	GCH Piccadilly's Seek Shade	CH Endeavor Piccadilly Gotta Wear Shades	CH Dickendall's Ruffy SH WC
			Preton Anita at Windfall	Dickendall's A-Ha
		Erinhill's Secret Rendezvous at Bayskor	CH Fortune's Curious George	CH Lobuff's Bare Necessities
			CH Victoria's Secret at Erinhill	Lobuff's Aja at Riverside
	Danbridge That Girl Reg No.:	CH Liddle Leaping Leo	CH Dickendalls Arnold JH	CH Dickendall Davaron Gable
			Lobuff's Lillo of Timberlands	CH Trinity's Eternal Joy
		CH Danbridge American Girl WC	Trinity's Titus	CH Danbridge Indiana Jones WC
			Danbridge Pin-Up Girl	Wit'sEnd Origins Comedy Star

I, the undersigned do hereby certify that the foregoing particulars are correct to the best of my knowledge and belief.

SIGNED _____

DATE _____

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

DANBRIDGE HIGH ROLLER
registered name

LABRADOR RETRIEVER
sex/breed

film/test/lab #

956000012780045
tattoo/microchip/DNA profile

2320023
application number

01/18/2023
date of report

RESULTS:

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

SS21239601
registration no.

M

08/05/2020
date of birth

28
age at evaluation in months



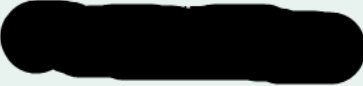
A Not-For-Profit Organization

LR-EL113580M28-P-VPI
O.F.A. NUMBER

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

NORMAL

MARILYN MEEWES
KENNETH MEEWES



OFA eCert



Verify QR scan

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

www.ofa.org

This electronic OFA certificate was generated on: 01/18/2023

This certification can be verified on the OFA website by entering the dog'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@OFFA.ORG to request a correction.

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

OFA website: www.ofa.org
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

DANBRIDGE HIGH ROLLER
registered name

SS21239601
registration no.

LABRADOR RETRIEVER
sex/breed

M

film/test/lab #

08/05/2020
date of birth

956000012780045
tattoo/microchip/DNA profile

28
age at evaluation in months

2320023
application number

01/18/2023
date of report



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
MARILYN MEEWES
KENNETH MEEWES

OFA eCert



Verify QR scan

G.G. Keller, D.V.M., M.S., DACVR

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

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OFA website: www.ofa.org
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073



Exercise Induced Collapse DNA Test

Case Number: 150253

Owner: Marilyn Meewes

[REDACTED]
[REDACTED]

Canine Information

DNA ID Number: **199431**

Call Name: **Blue Male**

Sex: **Male**

Birthdate:

Breed: **Labrador Retriever**

Coat Color:

Registered Name:


Registration Number:

Microchip/Tattoo:

Report Date: 10/6/2020

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Coat Length DNA Test

Case Number: 179179

Owner: Marilyn Meewes



Canine Information

DNA ID Number: **240952**

Call Name: **Jack**

Sex: **Male**

Birthdate: **08/05/2020**

Breed: **Labrador Retriever**

Coat Color:

Registered Name: **Danbridge High Roller**


Registration Number:

Microchip/Tattoo:

Report Date: 2/1/2023

DNA Result: **Clear (FGF5:c284G>T -/-; those having 2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



PRA-prcd DNA Test

Case Number: 150254

Owner: Marilyn Meewes



Canine Information

DNA ID Number: **199431**

Call Name: **Blue Male**

Sex: **Male**

Birthdate:

Breed: **Labrador Retriever**

Coat Color:

Registered Name:


Registration Number:

Microchip/Tattoo:

Report Date: 10/6/2020

DNA Result: **Carrier (1 normal allele, 1 PRA-prcd mutation)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Copper Toxicosis (CT)

Case Number: 173253

Owner: Marilyn Meewes

[REDACTED]
[REDACTED]

Canine Information

DNA ID Number: **232703**

Call Name: **Jack**

Sex: **Male**

Birthdate: **08/05/2020**

Breed: **Labrador Retriever**

Coat Color:

Registered Name:


Registration Number:

Microchip/Tattoo:

Report Date: 6/2/2022

DNA Result: **ATP7A Protective Mutation -/Y Negative Male**
ATP7B Disease Mutation +/- Carrier/At Risk

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



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: **JACK**

Registered name: **DANBRIDGE HIGH ROLLER**

Breed: **LABRADOR** Sex: **M**

Microchip/Tattoo: **956000012780045**

Registration Number: **SS21239601**

Date of Birth (mm/dd/yy): **080520** Date of Exam (mm/dd/yy): **051622**

Owner Name: **MARILYN MEEWES**

Co-Owner Name: **KEN MEEWES**

Owner Address: [REDACTED]

E-Mail (use both lines if needed): [REDACTED]

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. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Marilyn Meeves
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 # **350** Date **5/16/22**
Diplomate, American College of Veterinary Ophthalmologists

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



773309

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"/> iris sphincter dysplasia		<input type="checkbox"/>
<input type="checkbox"/> pigmentary uveitis		<input type="checkbox"/>
<input type="checkbox"/> uveal melanoma		<input type="checkbox"/>
<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"/>
<input type="checkbox"/> Significance Unknown/Suspect Not Inherited		
<input type="checkbox"/> posterior Y-suture tip opacities		<input type="checkbox"/>
<input type="checkbox"/> subluxation/luxation		<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: **Dr. Daniel Binder EC 380**

City: **Eye Care for Animals** Zip/postal code: _____

Phone: **Warwick, RI**

Email: **401-738-7337**

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> retinal detachment		<input type="checkbox"/>
<input type="checkbox"/> retinal atrophy—generalized		<input type="checkbox"/>
<input type="checkbox"/> CMR/CMR-like retinopathy		<input type="checkbox"/>
<input type="checkbox"/> other presumed inherited retinopathy		<input type="checkbox"/>
<input type="checkbox"/> retinal dysplasia		
<input type="checkbox"/> choroidal hypoplasia		<input type="checkbox"/>
<input type="checkbox"/> coloboma		<input type="checkbox"/>
<input type="checkbox"/> optic nerve coloboma		<input type="checkbox"/>
<input type="checkbox"/> optic nerve hypoplasia		<input type="checkbox"/>
<input type="checkbox"/> micropapilla		<input type="checkbox"/>
OTHER CONDITIONS		
<input type="checkbox"/> Unlisted conditions suspected as inherited . Describe in comments		
<input type="checkbox"/> Unlisted conditions suspected as not inherited		

☒ **NORMAL**

Comments

03/16/21

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

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Apply

Perf
and t



OFA Health Clinic Discount
Clinic Rate: \$7.50
Club: Brookstone Cardiac Clinic
Date: 10/30/21
Valid on: OFA Cardiac Registrations

Database

imals (OFA)
logy (ACVIM)



Registered name: Danbridge High Roller

Call name: Jack Weight: 90 kg ☒ lbs ☐ Estimate

Breed: Labrador Retriever Gender: Male

Size Registration #: SR8392301 Dam Registration #: SS06338102

ID Number (if any): ☐ Tattoo ☐ Microchip 956000012780045

Registration Number: ☐ AKC ☐ Other SS21239601

Date of Birth: (MMDDYY) 080520 Date of Exam: (MMDDYY) 103021

Owner Name: Marilyn & Kenneth Meewes

Co-Owner Name: _____ Phone: _____

Owner Address: _____ State: _____ Zip/postal code: _____

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.

Raen Day
Signature of owner or authorized agent/representative

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

Cardiologist Name: John MacGregor

Phone #: 603-397-5561 OFA Examiner #: EM01

E-Mail (use both lines if needed): NEVCARDIO@HOTMAIL.COM

Fees and credit card information on back of WHITE sheet.
12/22/15



C112118

Genetic Test Status: Test
Negative ☐ Abnormal: Heterozygous ☐ Homozygous ☐

EXAMINATION FINDINGS

AUSCULTATION

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 ☐ NOT PERFORMED

RA: Normal ☒ Enlarged _____ mm RV: Normal ☐ enlarged _____ mm

TV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

TR: None ☒ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. _____ m/s

LA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LAAd 42 mm SAx 22 mm LAx ☐ (MM ☒ 2D ☐)

MV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

MR: None ☒ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. _____ m/s

LV: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LVIDd: 42 mm MM ☒ 2D ☐ LVIDs: 27 mm MM ☒ 2D ☐

SF: 34 % (MM ☐ 2D ☐) EF: 63 % (MM ☒ 2D ☐ volumetric)

ESVI: _____ mL/m² Sphericity Index _____ EPSS: 7 mm

IVS: IVSd 12 mm Normal ☒ Abnormal ☐ (MM ☒ 2D ☐)

PW: PWd 9 mm Normal ☒ Abnormal ☐ (MM ☒ 2D ☐)

PapMuscle: Normal ☒ Abnormal ☐

LVOT Normal ☒ Abnormal ☐ Ridge ☐ Other _____

AoV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

Ao Diameter: 30 mm LA/Ao: 0.96 Method: _____

AoV/LVOT Vel: Normal ☒ Abnormal ☐ (Apical ☒ Subcostal ☐) 1.25 m/s

DLVOTO: ☐ Vmax _____ m/s SAM: ☐

AR: None ☒ Mild ☐ Moderate ☐ Severe ☐ _____ m/s

RVOT: Normal ☒ Infundibular narrowing ☐ Vmax (if abnormal) _____ m/s

DRVOTO: ☐ Vmax _____ m/s

PV: Normal ☒ Abnormal ☐ Mild ☐ Moderate ☐ Severe ☐

PV Vel: Normal ☒ Abnormal ☐ (Right ☒ Left apex ☐) 0.9 m/s

ELECTROCARDIOGRAM (ECG)

☐ normal ☐ abnormal ☒ not performed

Date: _____ Method: _____

HR: _____ bpm Rhythm: _____

HOLTER ECG

Date performed: _____ ☐ pending ☐ not performed

normal: ☐ equivocal: ☐ abnormal: ☐ (see Holter report for details)

EXAMINATION RESULTS

☐ NORMAL

☒ No evidence for congenital heart disease

☐ No evidence for adult onset inherited heart disease

☒ Valid for 1 year (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)

☐ EQUIVOCAL

☐ Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

☐ ABNORMAL

(evidence of congenital or adult onset inherited heart disease)

Diagnosis: ☐ ARVC ☐ ASD ☐ DCM ☐ HCM ☐ MVD ☐ MMVD ☐ PDA ☐ PS ☐ SAS/AS ☐ TVD ☐ VSD ☐ Other _____

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: 10/30/21

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

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