



**AMERICAN
KENNEL CLUB®**

8051 Arco Corporate Drive
Suite 100
Raleigh, NC 27617-3390
www.akc.org

May 21, 2021

DEAR HANNAH RUTTI,

Congratulations on your new Labrador Retriever and welcome to the world of purebred dogs. Your AKC registration dollars support numerous AKC efforts to benefit dogs and dog owners. By registering your dog with the AKC, you supported valuable programs such as Pet Disaster Relief, the AKC Canine Health Foundation, the AKC Kennel Inspection Program, public education, canine legislation, and DNA parentage verification.

AKC registration provides wonderful opportunities for every purebred dog lover. The AKC Canine Good Citizen® program is an outstanding way to train your dog in basic obedience, valuable for every family. In addition, many dog owners enjoy the thrill of participating in AKC activities, shows and trials throughout the country. I invite you and your dog to get involved with the AKC!

Your registration also includes exclusive health benefits to help keep your new dog safe and healthy. Pet health insurance from AKC Pet Insurance offers affordable, comprehensive coverage and customizable plans that allow you to build a plan to meet your individual needs and budget. For more information and to get a quote, visit www.akcpetinsurance.com or call 866-725-2747.†

Please note, if you ordered multiple items at the time of registration, they will be mailed separately and should arrive shortly. These include the AKC Certified Pedigree, the Dog Care and Training video, *Family Dog* magazine, and the AKC collar tag. If you did not order a Pedigree, you still have the opportunity to do so. An order form is provided on the back of this letter.

All of us want to be responsible dog owners. To help, the AKC offers a wealth of information at www.akc.org. Our site lists national and local dog clubs and AKC Canine Good Citizen® evaluators. Please visit us online and on Facebook and Twitter. If we can be of further service to you, please contact us by phone at 919-233-9767 or by email at info@akc.org.

Sincerely,

Dennis B. Sprung
President and Chief Executive Officer

† Insurance is underwritten and issued by Independence American Insurance Company, rated A- (Excellent) by AM Best Company, with offices at 485 Madison Ave, NY, NY 10022 and in WA, by American Pet Insurance Company, 6100 4th Ave. S., Seattle, WA 98108. Insurance plans are offered and administered by PetPartners, Inc., a licensed agency. "American Kennel Club," "AKC" and the AKC logo are trademarks of The American Kennel Club, Inc.; used under license by PetPartners. "AKC Pet Insurance" is the name used by PetPartners to offer and administer insurance plans and is neither an American Kennel Club business nor an insurance company. American Kennel Club does not offer, administer, solicit, market or sell any insurance plans. For complete details refer to www.akcpetinsurance.com/sample-policies. Activation required for 30-day coverage to take effect. Eligibility restrictions apply. For more information, visit www.akcpetinsurance.com/certificate or call 866-725-2747.

Please separate below and keep for your records.

AMERICAN KENNEL CLUB

NAME
SMITH FARMS TRUCKIN' ZIGGY

BREED
LABRADOR RETRIEVER

COLOR
CHOCOLATE

SIRE
KEEPSAKE'S MACK TRUCK
SR70923606 03-15 (OFA30E OFEL30 AKC DNA #V759774)

DAM
SMITH FARMS MAXWOOD ZEPHYR
SR52493404 12-10 (OFA29E OFEL29)

BREEDER
KENT SMITH

OWNER
[REDACTED]

NUMBER
SR97241301

SEX
MALE

DATE OF BIRTH
JANUARY 9, 2017



**AMERICAN
KENNEL CLUB®**

CERTIFICATE ISSUED
MAY 21, 2021

This certificate invalidates all previous certificates issued.

If a date appears after the name and number of the sire and dam, it indicates the issue of the Stud Book Register in which the sire or dam is published.

For Transfer Instructions, see back of Certificate.

This Certificate issued with the right to correct or revoke by the American Kennel Club.

REGISTRATION CERTIFICATE

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

SMITH FARMS TRUCKIN' ZIGGY
registered name

SR97241301
registration number

LABRADOR RETRIEVER
breed

M
sex

1/9/2017
date of birth

7E10172216
tattoo/microchip/DNA profile

12
age at evaluation in months

1911251
application number

1/29/2018
date of report

film/case no(s)

Owner
[Redacted]

Veterinarian
LITCHFIELD VETERINARY CLINIC
1101 S SIBLEY AVE
LITCHFIELD, MN 55355

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

**The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.*

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> FAIR HIP JOINT CONFORMATION*
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p><input type="checkbox"/> BORDERLINE HIP JOINT CONFORMATION
marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time – Repeat study in six months</p> <p><input type="checkbox"/> MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic changes of the hip joints</p> <p><input type="checkbox"/> MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic changes of the hip joints</p> <p><input type="checkbox"/> SEVERE HIP DYSPLASIA
radiographic evidence of marked dysplastic changes of the hip joints</p> |
|--|--|

RADIOGRAPHIC FINDINGS

HIP JOINTS - STANDARD VD VIEW

- subluxation
- remodeling of femoral head/neck
- osteoarthritis/degenerative joint disease
- shallow acetabula
- acetabular rim/edge change
- unilateral pathology left right
- transitional vertebra
- spondylosis
- panosteitis
- other

ELBOW JOINTS – FLEXED LATERAL VIEW

negative for elbow dysplasia L R

ELBOW DYSPLASIA

Grade I	L <input type="checkbox"/>	R <input type="checkbox"/>
Grade II	L <input type="checkbox"/>	R <input type="checkbox"/>
Grade III	L <input type="checkbox"/>	R <input type="checkbox"/>

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD)	L <input type="checkbox"/>	R <input type="checkbox"/>
united anconeal process (UAP)	L <input type="checkbox"/>	R <input type="checkbox"/>
fragmented coronoid process (FCP)	L <input type="checkbox"/>	R <input type="checkbox"/>
osteochondrosis	L <input type="checkbox"/>	R <input type="checkbox"/>

Consultation by: Greg Keller DVM
G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

LABRADOR RETRIEVER GENETIC HEALTH PANEL TEST REPORT

<p>Provided Information:</p> <p>Name: ZIGGY</p> <p>Registration:</p>	<p>Case: NCD129492</p> <p>Date Received: 29-Oct-2020</p> <p>Report Issue Date: 05-Nov-2020</p> <p>Report ID: 2847-6024-2387-9002</p> <p style="text-align: right;">Verify report at www.vgl.ucdavis.edu/verify</p>
<p>DOB: Sex: Male Breed: Labrador Retriever Color: chocolate</p>	
<p>Call Name: Ziggy</p>	

RESULT

INTERPRETATION

Condition	Result	Interpretation
Centronuclear Myopathy (CNM)	N/N	No copies of the CNM mutation detected. Dog is normal.
Congenital Myasthenic Syndrome (CMS)	N/N	No copies of the CMS mutation detected. Dog is normal.
Cystinuria Type I-A	N/N	No copies of the cystinuria type I-A mutation detected. Dog is normal.
Exercise Induced Collapse (EIC)	N/N	No copies of the EIC mutation detected. Dog is normal.
Degenerative Myelopathy (DM)	N/N	No copies of the DM mutation.
Hereditary Nasal Parakeratosis (HNPK)	N/N	No copies of the HNPK mutation detected. Dog is normal.
Hyperuricosuria (HUU)	N/N	No copies of the hyperuricosuria mutation detected. Dog is normal.
Narcolepsy	N/N	Normal. Dog does not carry the Labrador narcolepsy associated variant.
Pyruvate Kinase Deficiency (PKDef)	N/N	No copies of the PKDef mutation. Dog is normal.
Progressive Rod-Cone Degeneration (PRCD)	N/N	Normal. Dog does not have the variant associated with PRCD.
Skeletal Dysplasia 2 (SD2)	N/N	No copies of the SD2 mutation detected. Dog is normal.
X-Linked Myotubular Myopathy (XLMTM)	N	No copy of the MTM1 mutation detected. Male is unaffected.



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: Smith Farms Truckin' Ziggy
 Breed: Labrador Sex: M

ID Number (if any): Tattoo Microchip
ZE10172216 ZP2
 Registration Number: AKC Other
SR97241301
 Date of Birth (mm/dd/yy): 010917 Date of Exam (mm/dd/yy): 060217

Owner Name: Kent Smith Phone: 308572494
 Co-Owner Name: _____
 Owner Address: 30504 CSAH 25
 City: Carroll City State: MO Zip/postal code: 646243
 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]
 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

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

Signature: [Signature] ACVO # _____ Date: 6.2.17

Diplomate, American College of Veterinary Ophthalmologists

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



405896

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Dennis Olivero
EC 144
 City: Veterinary Ophthalmology Speciality Practice State: _____ Zip/postal code: _____
 Phone: 952-929-8299 ACVO #: _____
 Email: _____

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"/>
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"/> suspect not inherited <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"/>
degeneration		

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"/>	retinopathy	<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"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>
<input checked="" type="checkbox"/> NORMAL <input checked="" type="checkbox"/>		

Comments
