

Certified Dec 6, 2008

AMERICAN KENNEL CLUB • FOUNDED 1884

Certified Pedigree

CH SHALANE FLY BY KNIGHT
Sire SR27438110 (11-07) OFA24G BLK AKC DNA #V537381

PARADIGMS ENTER SANDMAN
SR52870103
LABRADOR RETRIEVER MALE BLK
Date Whelped: 08/15/2008
Breeder: CONNIE STARK/HEIDI HERMAN

Dam CH PARADIGMS BELLA SOPHIA
SR20751702 (02-09) BLK



AMERICAN KENNEL CLUB

Jane L. Bowley
Executive Secretary

This Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on December 6, 2008.

CH TABATHA'S KNIGHT CD JH
SN65155306 (04-01) OFA24G OFEL24 CERF100
BLK AKC DNA #V112256

CH SHALANE COME FLY WITH ME
SN88115501 (06-02) OFA29F OFEL29 BLK

CH PARADOC'S TABATHA'S CAILLOU
SR07614402 (10-04) OFA24F OFEL24 BLK AKC
DNA #V321262

TABATHA HUNTERLEIGH PARADIGM
SN75344701 (11-02) OFA24G BLK (CAN)

CH TABATHA'S HUNTERLEIGH RIOT
SN53578909 (09-99) OFA25G OFEL25 YLW
AKC DNA #V95626

CH SPRINGHARBOR SASS O'TABATHA
SN08660404 (12-97) BLK

TABATHA'S IMPULSE AT SHALANE
SN47838608 (01-00) OFA28G BLK AKC DNA
#V186252

SHALANE CINDERELLA
SN41334902 (01-03) OFA27E OFEL27 BLK

CH TABATHA'S SPORT
SN91086602 (07-03) OFEL24 YLW AKC DNA
#V273180

CH TABATHA'S PARADOC'S KALI
SN50162201 (07-03) OFA30E OFEL30 BLK
AKC DNA #V484508

CH TABATHA'S HUNTERLEIGH RIOT
SN53578909 (09-99) OFA25G OFEL25 YLW
AKC DNA #V95626

TABATHAS TUPPENCE
SN47879401 BLK (UKG)

AMERICAN KENNEL CLUB

NAME
PARADIGMS ENTER SANDMAN

NUMBER
SR52870103

BREED
LABRADOR RETRIEVER
COLOR
BLACK

SEX
MALE
DATE OF BIRTH
AUGUST 15, 2008



AMERICAN
KENNEL CLUB™

SIRE
CH SHALANE FLY BY KNIGHT
SR27438110 11-07 OFA24G AKC DNA #V537381

DAM
CH PARADIGMS BELLA SOPHIA
SR20751702 02-09

BREEDER
CONNIE STARK & HEIDI HERMAN

OWNER

GRETCHEN KASZUBA & HEIDI HERMAN
39 LEIGHTON AVE
RED BANK, NJ 07701-1214

CERTIFICATE ISSUED
DECEMBER 6, 2008

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, INC.

PARADIGMS ENTER SANDMAN, BN, CO, CA
registered name

SR52870103
registration no.

LABRADOR RETRIEVER
breed

M
sex

981020009791079
arthropathicrochitis/DNA profile

8/15/2008
date of birth

1615173
application number

62
age at evaluation in months

12/5/2013
date of report

LR-CA7017/62M/C-VPI-ECHO
OFA NUMBER

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



A Not-For-Profit Organization

RESULTS:

The results of the examination submitted to OFA indicate that no evidence of congenital cardiac disease was recognized.

NORMAL - CARDIOLOGIST, ECHO

OWNER

GRETCHEN KASZUBA
HEIDI HERMAN
39 LEIGHTON AVE
RED BANK, NJ 07701

G.G. Keller, DVM

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

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

PARADIGMS ENTER SANDMAN
registered name

LABRADOR RETRIEVER
breed

981020009791079
offa/ukicropchip/dna profile

1615173
application number

11/18/2013
date of report

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SR52870103
registration no.

M
sex

8/15/2008
date of birth

62
age at evaluation in months



A Not-For-Profit Organization

LR-206027G82M-VPI
O.F.A. NUMBER

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

GOOD

G.G. Keller DVM

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

OWNER

GRETCHEN KASZUBA
HEIDI AERMAN
39 LEIGHTON AVE
RED BANK, NJ 07701

www.offa.org



PARADIGMS ENTER SANDMAN
registered name

LABRADOR RETRIEVER
breed

981020009791079
offa/ukicropchip/dna profile

1615173
application number

11/18/2013
date of report

RESULTS:

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

SR52870103
registration no.

M
sex

8/15/2008
date of birth

62
age at evaluation in months



A Not-For-Profit Organization

LR-EL60899M62-VPI
O.F.A. NUMBER

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

NORMAL

G.G. Keller DVM

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

OWNER

GRETCHEN KASZUBA
HEIDI AERMAN
39 LEIGHTON AVE
RED BANK, NJ 07701

www.offa.org



UNIVERSITY OF MINNESOTA

Veterinary Diagnostic Laboratory

1333 Gortner Avenue
Ph: (612) 625-8787 (800) 605-8787
Fax: (612) 624-6707
<http://www.vdl.umn.edu>

Canine Neuromuscular Disease Report

Accession Number: D14-005807-1
Submitting Clinic: Vet on Call
544 State Route 94 S
Newton NJ 07860
Fax:
Species: Canine
Breed: Labrador Retriever
Pathologist: Canine EIC

Received Date: 02/05/2014
Owner: GRETCHEN KASZUBA
Veterinarian: Dr. Karen Dashfield
External Ref:
Age: 5 Years
Gender: Intact Male

Specimen From: PARADIGMS ENTER SANDMAN CD, CA
DOB 8/15/08

With Identification: 981020009791079

With Registration Number: SR52870103

ID Verified by Veterinarian: Yes

Breeder Notes:

Diagnostic Report:
Exercise Induced Collapse (EIC) Genotyping - Blood

Result: N/N Clear

Joseph Heili on 2014-02-06

A clear dog has two copies of the normal dynamin 1 (DNM1) gene.



For more information visit:
<http://www.vdl.umn.edu/ourservices/canineneuromuscular/EIC/>



To register your Result with the Orthopedic Foundation For Animals (OFA) Genetic Database, visit the following site and follow directions. http://www.offa.org/pdf/dnaapp_bw.pdf



Orthopedic Foundation for Animals
 280 E. Nibbrig Blvd., Columbia, MO 65201-5806
 Phone: (573) 462-0415, Fax: (573) 873-5073
 www.ofa.org. A not-for-profit organization.

Pradigms Enter Sandman **CDX, BUCA**
LAB RET **TX**
 # Number (if any) **Microchip**
981020099791079
 Registration Number: **State**
SR52870103
 Date of Birth: **Year of Exam**
081508 1110815

Owner Name: **Gretchen Kaszuba**
 Co-Owner Name: **Heidi Hennin** **408-902-4871**
 Owner Address: **39 Leighton Ave**
 City: **Red Bank** **NJ** **07701**
 State: **NJ** Zip/Postal Code: **07701**
 E-Mail (use both lines if needed): **gretchenjke@comcast.net**

I hereby certify that the animal examined is the animal described in this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical purposes. I understand that only passing results will be released to the public unless the individual registrant 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: *Gretchen Kaszuba*

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
 - Litter of 3 or more submitted together \$30.00
 - Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person, \$7.50 ea.
 - 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.

To pay by Credit Card, see the back of the WHITE sheet.

12/22/14

240349

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: **Dr. Michael J. Ringle** **MD**
 Ophthalmologist Address: **State** **EC 160**
 City: **Red Bank Veterinary Hospital**
 Phone: **732-747-3636**
 Email:

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached	<input type="checkbox"/> retinal detachment	<input type="checkbox"/> detached
<input type="checkbox"/> geographic	<input type="checkbox"/> retinal atrophy—generalized	<input type="checkbox"/> geographic
<input type="checkbox"/> folds	<input type="checkbox"/> retinopathy	<input type="checkbox"/> folds
<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> choroidal hypoplasia
<input type="checkbox"/> coloboma	<input type="checkbox"/> coloboma	<input type="checkbox"/> coloboma
<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> optic nerve coloboma
<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> micropapilla	<input type="checkbox"/> optic nerve hypoplasia

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as not inherited

NORMAL

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: *Michael J. Ringle* ACVO # **160 11/15/15** Date

Diplomate, American College of Veterinary Ophthalmologists

Comments

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/> microphthalmos	<input type="checkbox"/> microphthalmos	<input type="checkbox"/> microphthalmos
<input type="checkbox"/> keratoconjunctivitis sicca	<input type="checkbox"/> keratoconjunctivitis sicca	<input type="checkbox"/> keratoconjunctivitis sicca
<input type="checkbox"/> glaucoma	<input type="checkbox"/> glaucoma	<input type="checkbox"/> glaucoma
<input type="checkbox"/> entropion	<input type="checkbox"/> entropion	<input type="checkbox"/> entropion
<input type="checkbox"/> ectropion	<input type="checkbox"/> ectropion	<input type="checkbox"/> ectropion
<input type="checkbox"/> distichiasis	<input type="checkbox"/> distichiasis	<input type="checkbox"/> distichiasis
<input type="checkbox"/> ectopic cilia	<input type="checkbox"/> ectopic cilia	<input type="checkbox"/> ectopic cilia
<input type="checkbox"/> imperforate lacrimal punctum	<input type="checkbox"/> imperforate lacrimal punctum	<input type="checkbox"/> imperforate lacrimal punctum
<input type="checkbox"/> NICTITANS	<input type="checkbox"/> NICTITANS	<input type="checkbox"/> NICTITANS
<input type="checkbox"/> cartilage anomaly/eversion	<input type="checkbox"/> cartilage anomaly/eversion	<input type="checkbox"/> cartilage anomaly/eversion
<input type="checkbox"/> gland prolapse	<input type="checkbox"/> gland prolapse	<input type="checkbox"/> gland prolapse
<input type="checkbox"/> plasmoma/atypical pannus	<input type="checkbox"/> plasmoma/atypical pannus	<input type="checkbox"/> plasmoma/atypical pannus
<input type="checkbox"/> CORNEA	<input type="checkbox"/> CORNEA	<input type="checkbox"/> CORNEA
<input type="checkbox"/> dystrophy—epithelial/stromal	<input type="checkbox"/> dystrophy—epithelial/stromal	<input type="checkbox"/> dystrophy—epithelial/stromal
<input type="checkbox"/> dystrophy—endothelial	<input type="checkbox"/> dystrophy—endothelial	<input type="checkbox"/> dystrophy—endothelial
<input type="checkbox"/> pannus	<input type="checkbox"/> pannus	<input type="checkbox"/> pannus
<input type="checkbox"/> pigmentary keratitis/keratopathy	<input type="checkbox"/> pigmentary keratitis/keratopathy	<input type="checkbox"/> pigmentary keratitis/keratopathy
<input type="checkbox"/> UVEA	<input type="checkbox"/> UVEA	<input type="checkbox"/> UVEA
<input type="checkbox"/> uveal cyst	<input type="checkbox"/> uveal cyst	<input type="checkbox"/> uveal cyst
<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris coloboma
<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris hypoplasia
<input type="checkbox"/> iris sphincter dysplasia	<input type="checkbox"/> iris sphincter dysplasia	<input type="checkbox"/> iris sphincter dysplasia
<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> pigmentary uveitis
<input type="checkbox"/> uveal melanoma	<input type="checkbox"/> uveal melanoma	<input type="checkbox"/> uveal melanoma
<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> persistent pupillary membranes

RIGHT EYE	LENS	LEFT EYE
<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> endothelial opacity/no strands
<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> lens pigment foci/no strands
<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris sheets
<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to cornea
<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to iris
<input type="checkbox"/> multiple	<input type="checkbox"/> multiple	<input type="checkbox"/> multiple
<input type="checkbox"/> single	<input type="checkbox"/> single	<input type="checkbox"/> single
<input type="checkbox"/> free floating	<input type="checkbox"/> free floating	<input type="checkbox"/> free floating
<input type="checkbox"/> CATARACT	<input type="checkbox"/> CATARACT	<input type="checkbox"/> CATARACT
<input type="checkbox"/> anterior cortex	<input type="checkbox"/> anterior cortex	<input type="checkbox"/> anterior cortex
<input type="checkbox"/> posterior cortex	<input type="checkbox"/> posterior cortex	<input type="checkbox"/> posterior cortex
<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> equatorial cortex
<input type="checkbox"/> anterior sutures	<input type="checkbox"/> anterior sutures	<input type="checkbox"/> anterior sutures
<input type="checkbox"/> posterior sutures	<input type="checkbox"/> posterior sutures	<input type="checkbox"/> posterior sutures
<input type="checkbox"/> nucleus	<input type="checkbox"/> nucleus	<input type="checkbox"/> nucleus
<input type="checkbox"/> capsular	<input type="checkbox"/> capsular	<input type="checkbox"/> capsular
<input type="checkbox"/> generalized/complete	<input type="checkbox"/> generalized/complete	<input type="checkbox"/> generalized/complete
<input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> resorbing/hypermature
<input type="checkbox"/> suspect not inherited	<input type="checkbox"/> suspect not inherited	<input type="checkbox"/> suspect not inherited
<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> subluxation/luxation
<input type="checkbox"/> VITREOUS	<input type="checkbox"/> VITREOUS	<input type="checkbox"/> VITREOUS
<input type="checkbox"/> PHPV/PHTVL	<input type="checkbox"/> PHPV/PHTVL	<input type="checkbox"/> PHPV/PHTVL
<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> persistent hyaloid artery
<input type="checkbox"/> degeneration	<input type="checkbox"/> degeneration	<input type="checkbox"/> degeneration
<input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber
<input type="checkbox"/> synchysis	<input type="checkbox"/> synchysis	<input type="checkbox"/> synchysis

CORNEA

RIGHT EYE **LEFT EYE**

T **N** **A** **P**

CORNEA

T **N** **A** **P**

CATARACT

RIGHT EYE **LEFT EYE**

T **N** **A** **P**

CATARACT

T **N** **A** **P**

VITREOUS

RIGHT EYE **LEFT EYE**

T **N** **A** **P**

VITREOUS

T **N** **A** **P**



Canine Genetic Health Certificate TM

Call Name: cutter
Laboratory #: 16804
Registered Name: paradigms enter sandman
Registration #: sr52870103
Breed: Labrador Retriever
Microchip #: 981020009791079
Sex: Male
Certificate Date: Nov. 9, 2015
DOB: Aug. 2008

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

Disease	Gene	Genotype	Interpretation
Hereditary nasal parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant

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. Genetic counseling is available at Paw Print Genetics.

Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Casey R Carl, DVM
Associate Medical Director