

AMERICAN KENNEL CLUB

NAME

MOONWALKER DOBRY ROK (AKC DNA #V10009188) (POLAND)

NUMBER

TS53560901

BREED

CAVALIER KING CHARLES SPANIEL

SEX

MALE

COLOR

RUBY

DATE OF BIRTH

MAY 5, 2021

SIRE

ORTWIN DE LA GEODE

SCC 9 CAV.K.147017/0

DAM

MY SWEET LOVE DOBRY ROK

ZKP IX-80671

BREEDER

WIOLETTA MATUSIAK

OWNER

ANDREW HERSHBERGER

8427 TOWNSHIP ROAD 635

FREDERICKSBURG OH 44627-9681



AMERICAN
KENNEL CLUB®

CERTIFICATE ISSUED

JANUARY 18, 2023

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

APPL _____
 RAD _____
 CK _____



2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 www.ofa.org
 A Not-for-Profit Organization

Office
 Use
 Only

walker

Application for Basic Cardiac Database

18-1 LB

Registered name: Moon Walker Dobry Rob		AKC registration number:		Other registry name:	
Breed: CKCS		Sex: M		Date of birth (MM/DD/YY): 05/05/2021	
Microchip/tattoo: 616093901538231		Registration number of sire:		Registration number of dam:	
Owner name: Karen O'Connor		Co-Owner name:		Examining veterinary/clinic: Rowland Lake Animal Hosp	
Mailing address: 155 Helm Rd		City: Rowland Lake		Date of evaluation (MM/DD/YY): 1/13/2023	
City: Barrington Hills		State: IL		State: Zle	
Zip/postal code: 60010		City: Rowland Lake		Zip/postal code: 60073	
Phone: 606 669 7291		E-mail:		Phone: 847-546-6700	
E-mail:		Phone:		E-mail:	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)						
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	VI <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>		
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous	<input type="checkbox"/>		
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>		

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

I verified microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature: _____ Check one box: Practitioner, Specialist, Cardiologist Date: _____

Fees Animals Over 12 Months \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 Individuals \$7.50

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number _____ Cardholder name _____ Exp date MM/YY _____ CVV _____

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 CK _____



Orthopedic Foundation for Animals
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walker

Application for Patellar Luxation Database

18.1 LBS

Registered name: *Meen Walker Debry Park*
 Breed: *CKCs* Sex: *M*
 ID Number (if any): Tattoo Microchip
616093901538231

Registration numbers: AKC CKC Other registry name:
 Other registry #:
 Date of Birth (month-day-year): *05/05/2021*
 Registration number of sire: Registration number of dam:

Owner name: *Francis O'Connor*
 Co-owner name:

Date of evaluation (month-day-year): *1/13/2023*
 Examining veterinarian's name or veterinary hospital:
Round Lake Animal Hospital
 Mailing Address:

Mailing address:
155 Helm Rd
 City: *Beverly Hills IL* State: *IL* Zip/postal code: *60010*
 Phone: *606 669 7291* E-mail:

City: *Round Lake* State: *Ill* Zip/postal code: *60073*
 Phone: *1-847-546 6700* E-mail:

I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative *[Signature]*

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner): *[Signature]*

Patellar Examination Results

1. Normal
 right left

2. Patellar Luxation
 bilateral
 unilateral: right left
 luxated: medial lateral
 luxation is: intermittent permanent
 age of onset: < 2 months 2-6 months
 6-12 months > 12 months

3. Classification of luxation
 Grade 1—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
 Grade 2—There is frequent patellar luxation which, in some cases becomes more or less permanent.
 Grade 3—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
 Grade 4—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

I certify that the examination was performed according to the OFA procedure.
 If the dog has a microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature: _____ Specialty: Practitioner Specialist

Fees: Animals over 12 months: \$15.00 each
 A litter of 3 or more submitted together: \$30.00 total
 Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Kennel rate: Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 5 individuals: \$7.50 each

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.

Visa/Master Card Number: _____ Name on Card: _____ Exp Date: _____ CVV (security code): _____

Affected dogs and resubmits are no charge



CERTIFICATE OF RESULTS

OWNERS NAME: KAREN O'CONNER
PET'S NAME**: WALKER

PET'S REGISTRATION #: MC# 616 093 901 538 231
PET'S BREED: CAVALIER KING CHARLES SPANIEL
TEST: DRY EYE CURLY COAT (CKCSID)
DATE: 9/21/2021

Test Score Explanation Based on Inheritance:

<u>SCORE</u>	<u>RECESSIVE</u>	<u>DOMINANT</u>
A	Clear/Normal	Clear/Normal
B	Carrier/Not Affected	Carrier/Affected
C	At Risk/Affected	At Risk/Affected

TEST SCORE*:

A

SAMPLE ID #:

321096

For detailed result explanation
please visit our website:

www.GenSoldx.com

*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

**GenSol warrants its test results to be accurate for the sample obtained from the above dog. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GEN SOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

**Please consult a licensed veterinarian
to discuss the implications of the above test results.**

125 North Main Street Unit 1846, Clayton, GA 30525

1-844-369-3686 - info@Gensoldx.com

WWW.GENSOLDX.COM



CERTIFICATE OF RESULTS

OWNERS NAME: KAREN O'CONNOR
PET'S NAME**: WALKER

PET'S REGISTRATION #: MC# 616 093 901 538 231
PET'S BREED: CAVALIER KING CHARLES SPANIEL
TEST: DEGENERATIVE MYELOPATHY (DM)
DATE: 9/20/2021

Test Score Explanation Based on Inheritance:

<u>SCORE</u>	<u>RECESSIVE</u>	<u>DOMINANT</u>
A	Clear/Normal	Clear/Normal
B	Carrier/Not Affected	Carrier/Affected
C	At Risk/Affected	At Risk/Affected

TEST SCORE*:

B

SAMPLE ID #:

321097

For detailed result explanation
please visit our website:

www.GenSolDx.com

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WWW.GENSOLDX.COM



CERTIFICATE OF RESULTS

OWNERS NAME: KAREN O'CONNER
PET'S NAME*: WALKER

PET'S REGISTRATION #: MC# 616 093 901 538 231
PET'S BREED: CAVALIER KING CHARLES SPANIEL
TEST: EPISODIC FALLING (EF)
DATE: 9/20/2021

Test Score Explanation Based on Inheritance:

<u>SCORE</u>	<u>RECESSIVE</u>	<u>DOMINANT</u>
A	Clear/Normal	Clear/Normal
B	Carrier/Not Affected	Carrier/Affected
C	At Risk/Affected	At Risk/Affected

TEST SCORE*:

A

SAMPLE ID #:

321098

For detailed result explanation
please visit our website:

www.GenSolDx.com

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