

AMERICAN KENNEL CLUB · FOUNDED 1884

Certified Pedigree

Sire
GCH CH SPRING FEVER ROCK PAPER SCISSORS
DN44428001 (07-17) OFA24G OFEL24 BLK WH MKGS TAN PTS AKC DNA #V813815

Dam
MEADOWLAWN CALLAWAY WELL PLAYED
DN61629201
AUSTRALIAN SHEPHERD MALE BL MRL WH MKGS TAN PTS
Date Whelped: 12/30/2019
Breeder: KIRSTEN ERVIN/SARAH KALKES/KIMBERLY PATTERSON/VALERIE YATES



AMERICAN KENNEL CLUB®

Gina DiNardo
Executive Secretary

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on June 26, 2020.

LAKEHILLS CHESTER B GOODE
DN28809601 (07-13) BL MRL WH MKGS TAN PTS AKC DNA #V805893

SPRING FEVERS PRAYERS N PROMISES
DN25738303 (08-11) BLK WH MKGS TAN PTS

CH CALAIS CAROLINA FIRST IN FLIGHT
DN38096701 (06-16) OFA24G OFEL24 BL MRL WH MKGS TAN PTS AKC DNA #V776119

CH NINEBARK WISHING WELL
DN27823902 (04-15) OFA24E OFEL24 RD WH MKGS TAN PTS (CAN) AKC DNA #V748543

CH RAINYDAY'S DESPERADO
DN02039702 (03-06) OFA30G BLK WH MKGS TAN PTS AKC DNA #V418509

LAKEHILLS SPICY HOT NA NAJ
DN11500603 (12-10) BL MRL WH MKGS TAN PTS

GCHG CH LEGACY'S POWER PLAY
DN16371601 (07-08) OFA24G OFEL24 BL MRL WH MKGS TAN PTS AKC DNA #V554462

CH SPRING FEVERS I'LL BE TRUE
DN07266101 (06-08) BLK WH MKGS TAN PTS AKC DNA #V717870

GCH CH HEARTHSIDE'S STANDING OVATION
DN13262301 (06-09) OFA25G OFEL25 BL MRL WH MKGS TAN PTS AKC DNA #V467661

GCH CH CALAIS CAROLINA FLY GIRL
DN24896701 (08-13) OFA39G OFEL39 BLK WH MKGS TAN PTS

GCH CH TREESTARR BILLION DOLLAR BABY
DN19472903 (03-11) OFA25G BL MRL WH MKGS TAN PTS AKC DNA #V625831

SONRISE LITTLE RED HEN DJ TKN
DN18193703 OFA27G OFEL27 RD WH MKGS TAN PTS

CH WRITTEN AND DIRECTED BY TIMARU
DL85529101 (11-02) OFA24G BL MRL WH MKGS TAN PTS (CAN) AKC DNA #V256541

CH RAINYDAY'S LIFEINTHEFASTLANE CD OA OAJ
DL82761201 (03-03) OFA26G BLK WH MKGS TAN PTS

CH WOODSTOCK'S HOTTER THAN BLAZES MX MXB MXJ MJB XF
DL83719301 (08-02) BLK WH MKGS TAN PTS AKC DNA #V242702

LAKEHILLS SEASONED WITH SAGE
DN01528301 (11-05) BL MRL WH MKGS TAN PTS

CH LEGACY'S FLY RIGHT
DN08875201 (03-07) OFA27G OFEL27 RD WH MKGS TAN PTS AKC DNA #V512967

CH MILL CREEK'S MAKA MEGA LEGACY
DN05355601 (06-06) OFA32G BL MRL WH MKGS TAN PTS

CAROLINA CALAIS ANDREAMCOMTRU
DL85642602 (04-03) BLK WH MKGS TAN PTS AKC DNA #V270132

SPRING FEVER'S TABU
DL89504817 (09-04) BL MRL WH MKGS TAN PTS

CH VINELAKE ABSOLOOT UPTHEANTE
DN04894601 (05-06) OFA29G RD WH MKGS TAN PTS AKC DNA #V627457

CH HEARTHSIDE MADE YA LOOK CDX RAE OA NAJ NAP NJP
DL83469304 (10-03) OFA28E BL MRL WH MKGS TAN PTS

CH STARSWEPTS HIFLYIN' AT HISAW
DL74447104 (02-00) OFA24G BLK WH MKGS TAN PTS AKC DNA #V173268

CAROLINA CALAIS NOW YOU SEE ME
DN14629902 (09-09) BLK WH MKGS TAN PTS

CH BROADWAYS BLAZE OF GLORY RE OA OAJ
DL79643401 (05-02) OFA24G RD MRL WH MKGS TAN PTS AKC DNA #V207419

CH MCMATT'S TOO GOOD TO BE BLUE CD NA NAJ
DL83748508 (01-05) OFA24G OFEL24 BLK WH MKGS TAN PTS

CH KALEIDOSCOPE STONE RAVENWYND CD RE HT
DL83641504 (03-03) OFA27E BL MRL WH MKGS TAN PTS AKC DNA #V250772

CH BAYSHORE'S DANCE FEVER
DL90590501 (09-07) OFA24G BLK WH MKGS TAN PTS

AMERICAN KENNEL CLUB

NAME MEADOWLAWN CALLAWAY WELL PLAYED NUMBER DN61629201
 BREED AUSTRALIAN SHEPHERD SEX MALE
 COLOR BLUE MERLE, WHITE MARKINGS, TAN POINTS DATE OF BIRTH DECEMBER 30, 2019
 SIRE GCH CH SPRING FEVER ROCK PAPER SCISSORS - DN44428001 07-17 (OFA24G OFEL24 AKC DNA #V813815)
 DAM GCH CH NINEBARK TRUTH OR DARE DN47199303 07-20 (OFEL39 AKC DNA #V915957) (CAN)
 BREEDER KIRSTEN ERVIN & SARAH KALKES & KIMBERLY PATTERSON & VALERIE YATES
 OWNER



AMERICAN KENNEL CLUB®

CERTIFICATE ISSUED
 JUNE 26, 2020

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.

SARAH KALKES & KIRSTEN ERVIN & KIMBERLY PATTERSON & VALERIE YATES
 1253 CROSSWINDS WAY
 WACONIA MN 55387-2600

REGISTRATION CERTIFICATE

AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC.

Registered Name MEADOWLAWN CALLAWAY WELL PLAYED ASCA Reg. # E214296
 Sex MALE ASCA Litter# 107219 D/B 12/30/2019
 Body Color BLUE MERLE Trim Color WHITE/COPPER
 Eye Color LEFT- BLUE RIGHT- BLUE
 Sire CH SPRING FEVER ROCK PAPER SCISOR DNA-VP E195764
 Dam CH NINEBARK TRUTH OR DARE DNA-VP E198309
 Litter Owner(s) KIRSTEN ERVIN
 SARAH KALKES
 KIMBERLY PATTERSON
 VALERIE YATES



Established 1957

ASCA CERTIFIES THAT IT ACCURATELY MAINTAINS THE GENEALOGICAL INFORMATION WHICH IS FURNISHED TO IT BY BREEDERS THE LINEAGE OF A REGISTERED DOG CAN BE DETERMINED WITH CERTAINTY BY DNA TESTING SPONSORED BY ASCA

THIS CERTIFICATE ISSUED WITH THE RIGHT TO CORRECT OR REVOKE BY THE AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC

Owners

SARAH KALKES
 KIRSTEN ERVIN
 KIMBERLY PATTERSON
 VALERIE YATES
 1253 CROSSWINDS WAY
 WACONIA, MN 55387
 UNITED STATES

May 15, 2020

CERTIFICATE ISSUED

REGISTRATION CERTIFICATE

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

MEADOWLAWN CALLAWAY WELL PLAYED, CH
registered name

DN61629201
registration no.

AUSTRALIAN SHEPHERD
sex/breed

M

film/test/lab #

12/30/2019
date of birth

956000012476257
tattoo/microchip/DNA profile

24
age at evaluation in months

2219715
application number

01/07/2022
date of report

AS-EL15287M24-P-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

RESULTS:

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

NORMAL

owner SARAH KALKES; KIRSTEN ERVIN; VALERIE YATES; KIM PATTERSON
1253 CROSSWINDS WAY
WACONIA MN 55387

OFA eCert



Verify certificate with QR scan

G.G. Keller, D.V.M.

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

MEADOWLAWN CALLAWAY WELL PLAYED, CH
registered name

DN61629201
registration no.

AUSTRALIAN SHEPHERD
sex/breed

M

film/test/lab #

12/30/2019
date of birth

956000012476257
tattoo/microchip/DNA profile

24
age at evaluation in months

2219715
application number

01/07/2022
date of report

AS-41023G24M-P-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

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 SARAH KALKES; KIRSTEN ERVIN; VALERIE YATES; KIM PATTERSON
1253 CROSSWINDS WAY
WACONIA MN 55387

OFA eCert



Verify certificate with QR scan

G.G. Keller, D.V.M.

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

www.ofa.org

Orthopedic Foundation for Animals
Hip Dysplasia Evaluation Report



A Not-for-Profit
Organization

MEADOWLAWN CALLAWAY WELL PLAYED

registered name

AUSTRALIAN SHEPHERD

breed

film/test/lab #

956000012476257

tattoo/microchip/DNA profile

2219715

application number

02/26/2021

date of report

DN61629201

registration no.

M

sex

12/30/2019

date of birth

13

age at evaluation in months

Owner

SARAH KALKES; KIRSTEN ERVIN VALERIE YATES;
KIM PATTERSON
1253 CROSSWINDS WAY
WACONIA MN 55387

Veterinarian

VALLEY CREEK ROAD ANIMAL HOSPITAL
9900 VALLEY CREEK RD STE 100
WOODBURY MN 55125

Preliminary Hip Dysplasia Evaluation Report

EXCELLENT HIP JOINT CONFORMATION

superior hip joint conformation as compared with other individuals of the same breed and age

GOOD HIP JOINT CONFORMATION

well formed hip joint conformation as compared with other individuals of the same breed and age

FAIR HIP JOINT CONFORMATION

minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age

BORDERLINE HIP JOINT CONFORMATION

marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time -- Repeat study in six months

MILD HIP DYSPLASIA

radiographic evidence of minor dysplastic changes of the hip joints

MODERATE HIP DYSPLASIA

well defined radiographic evidence of dysplastic changes of the hip joints

SEVERE HIP DYSPLASIA

radiographic evidence of marked dysplastic changes of the hip joints

RADIOGRAPHIC FINDINGS

subluxation

remodeling of femoral head/neck

osteoarthritis/degenerative joint disease

shallow acetabula

acetabular rim/edge change

unilateral pathology left right

transitional vertebra

spondylosis

panosteitis

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

Orthopedic Foundation for Animals
Elbow Dysplasia Evaluation Report



A Not-for-Profit
Organization

MEADOWLAWN CALLAWAY WELL PLAYED
registered name

DN61629201
registration no.

AUSTRALIAN SHEPHERD
breed

M
sex

film/test/lab #

12/30/2019
date of birth

956000012476257
tattoo/microchip/DNA profile

13
age at evaluation in months

2219715
application number

02/26/2021
date of report

Owner

SARAH KALKES; KIRSTEN ERVIN VALERIE YATES;
KIM PATTERSON
1253 CROSSWINDS WAY
WACONIA MN 55387

Veterinarian

VALLEY CREEK ROAD ANIMAL HOSPITAL
9900 VALLEY CREEK RD STE 100
WOODBURY MN 55125

Preliminary Elbow Dysplasia Evaluation Report

ELBOW JOINTS -- FLEXED LATERAL VIEW

negative for elbow dysplasia L R

ELBOW DYSPLASIA

GRADE I L _____ R _____
GRADE II L _____ R _____
GRADE III L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) L _____ R _____
united anconeal process (UAP) L _____ R _____
fragmented coronoid process (FCP) L _____ R _____
osteochondrosis L _____ R _____

G.G. KELLER, DVM, MS, 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

Companion Animal Eye Registry (CAER)

Dr. Melissa Lively EC619
Animal Eye Specialty Center
Andover, MN
763-767-3937
State: Zip/postal code:

Call name: Doug
Registered name: CH Meadowlawn Callaway Well Played
Breed: Australian Shepherd M
Microchip/Tattoo: 956 0000 1247 0257
Registration Number: DN61629201
Date of Birth (mm/dd/yy): 12/30/19 Date of Exam (mm/dd/yy): 06/25/22

Owner Name: Sarah Kaires & Kim Patterson
Co-Owner Name: Kevin & Yates Phone: 612-554-2291
Owner Address: 358 Crosswind Way
City: Waconia State: MN Zip/postal code: 55381
E-Mail (use both lines if needed):
meadowlawnkennel@hotmail.com

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.

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 # 619 Date: 6/25/22
Diplomate, American College of Veterinary Ophthalmologists

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



778785

RIGHT EYE GLOBE LEFT EYE
 microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion

CORNEA
 distichiasis
 ectopic cilia
 imperforate lacrimal punctum

NICTITANS
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus

CORNEA
 dystrophy—epithelial/stromal
 dystrophy—endothelial
 pannus
 pigmentary keratitis/keratopathy

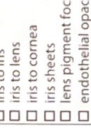
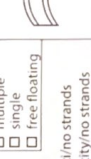
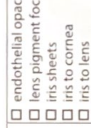
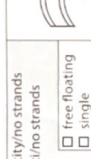
UVEA
 uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma

persistent pupillary membranes

LENS
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature

Significance Unknown/Suspect Not Inherited
 posterior Y-suture tip opacities
 subluxation/luxation

VITREOUS
 PHPV/PHTVL
 persistent hyaloid artery
 degeneration



Ophthalmologist Name: Dr. Melissa Lively EC619
Ophthalmologist Address: Animal Eye Specialty Center
City: Andover, MN State: Zip/postal code:
Phone: 763-767-3937 ACVO #:
Email:

RIGHT EYE FUNDUS LEFT EYE

retinal detachment
 retinal atrophy—generalized
 CMR/CMR-like retinopathy
 other presumed inherited retinopathy
 retinal dysplasia

choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments



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

Companion Animal Eye Registry (CAER)

Call name: Doug (Blue male)
 Registered name: Meadowlawn Callaway Well Played
 Breed: Australian Shepherd Sex: Male
 Microchip/Tattoo: 954000012476257
 Registration Number: DNP1629201
 Date of Birth (mm/dd/yy): 123019 Date of Exam (mm/dd/yy): 090721

Owner Name: Sarah Kaizer & Kim Patterson
 Co-Owner Name: V. Yates & K Ervin Phone: 612-554-2291
 Owner Address: 1253 Crosswinds way
 City: Waconia State: MN Zip/postal code: 55387
 E-Mail (use both lines if needed): meadowlawnkennel@hotmail.com

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.

Signature of owner or authorized agent/representative: Sarah Kaizer
 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 # 619 Date: 9/7/21

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



756880

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
EYELIDS				
<input type="checkbox"/>	<input type="checkbox"/>	entropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>
NICTITANS				
<input type="checkbox"/>	<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>
CORNEA				
<input type="checkbox"/>	<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>	<input type="checkbox"/>
UVEA				
<input type="checkbox"/>	<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>
persistent pupillary membranes				
LENS				
<input type="checkbox"/>	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Significance Unknown/Suspect Not Inherited				
<input type="checkbox"/>	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	<input type="checkbox"/>
VITREOUS				
<input type="checkbox"/>	<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	degeneration	<input type="checkbox"/>	<input type="checkbox"/>

Ophthalmologist Name: _____
 Ophthalmologist Address: Dr. Melissa Lively EC619
 City: Animal Eye Specialty Center State: IA Zip/postal code: _____
 Phone: 763-767-ACVO 47
 Email: _____

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

NORMAL

Comments



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: "Doug"
 Registered name: Meadowbrook Callaway "Doug"
 Breed: Aust Skip Sex:
 ID Number (if any): Tattoo Microchip
 Registration Number: AKC Other
 Date of Birth (mm/dd/yy): 12/30/1997 Date of Exam (mm/dd/yy): 02/28/20

Owner Name: Sarah Kullas
 Co-Owner Name: Phone: 612 554 2291
 Owner Address: 655 Crosswinds Way
 City: Waconia State: MN Zip/postal code: 55324
 E-Mail (use both lines if needed): meadowlawnkennel@hotmail.com

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. 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: [Signature]
 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 # _____ Date: 2-28-20

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



665724

Companion Animal Eye Registry (CAER)

RIGHT EYE GLOBE LEFT EYE
 microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion
 distichiasis
 ectopic cilia
 imperforate lacrimal punctum
NICTITANS
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus
CORNEA
 dystrophy — epithelial/stromal
 dystrophy — endothelial
 pannus
 pigmentary keratitis/keratopathy
UVEA
 uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma
 persistent pupillary membranes
LENS
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 Significance Unknown/Suspect Not Inherited
 subluxation/luxation
VITREOUS
 PHPV/PHTVL
 persistent hyaloid artery
 degeneration

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

RIGHT EYE FUNDUS LEFT EYE
 detached geographic folds folds folds geographic detached
 retinal detachment
 retinal atrophy — generalized
 retinopathy
 retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla
OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments



CERTIFICATE OF RESULTS

OWNERS NAME: SARAH KALKES
PET'S NAME**: DOUG

PET'S REGISTRATION #: NOT PROVIDED
PET'S BREED: AUSTRALIAN SHEPHERD
TEST: MULTIDRUG SENSITIVITY (MDR1)
DATE: 8/25/2020

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 #:

231115

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



Canine Genetic Health Certificate™

Call Name: Jasper Laboratory #: 35366
Registered Name: Spring Fever Rock Paper Scissor Registration #: E195764
Breed: Australian Shepherd Certificate Date: Sept. 26, 2016
Sex: Male
DOB: Oct. 2015

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

Disease	Gene	Genotype	Interpretation
Collie Eye Anomaly	NHEJ1	WT/WT	Normal (clear)
Cone Degeneration	CNGB3	WT/WT	Normal (clear)
Degenerative Myelopathy	SOD1	WT/WT	Normal (clear)
Hereditary Cataracts (Australian Shepherd Type)	HSF4	WT/WT	Normal (clear)
Hyperuricosuria	SLC2A9	WT/WT	Normal (clear)
Multidrug Resistance 1	ABCB1	WT/M	Carrier
Multifocal Retinopathy 1	BEST1	WT/WT	Normal (clear)
Neuronal Ceroid Lipofuscinosis 6	CLNB	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	PRCD	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant

Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Casey R Carl, DVM
Associate 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.



Canine Genetic Health Certificate™

Call Name: Trudy
Registered Name: GCH Ninebark Truth Or Dare
Breed: Australian Shepherd
Sex: Female
DOB: May 2016

Laboratory #: 160702
Registration #: DN47199303
Certificate Date: Jan. 22, 2020

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

Disease	Gene	Genotype	Interpretation
Collie Eye Anomaly	NHEJ1	WT/WT	Normal (clear)
Cone Degeneration	CNGB3	WT/WT	Normal (clear)
Degenerative Myelopathy	SOD1	WT/WT	Normal (clear)
Hereditary Cataracts (Australian Shepherd Type)	HSF4	WT/WT	Normal (clear)
Hyperuricosuria	SLC2A9	WT/WT	Normal (clear)
Intestinal Cobalamin Malabsorption (Australian Shepherd Type)	AMN	WT/WT	Normal (clear)
Multidrug Resistance 1	ABCB1	WT/M	Carrier (At-Risk)
Multifocal Retinopathy 1	BEST1	WT/WT	Normal (clear)
Neuronal Ceroid Lipofuscinosis 6	CLN6	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	PRCD	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

Helen F Smith, PhD
Assistant Laboratory Director

Casey R Carl, DVM
Associate 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.



Established 1957

AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC.®

presents to the *AUSTRALIAN SHEPHERD*
MEADOWLAWN CALLAWAY WELL PLAYED DNA-CP

Registration No. *E214296*

THE AWARD OF DNA-CP

has been recorded in the DNA Database Program.

having fully completed the requirements of this club

On this date *December 29, 2021*

OWNERS

SARAH KALKES
KIRSTEN ERVIN
KIMBERLY PATTERSON
VALERIE YATES



January 11, 2022

Issued this date

ASCA President

THE AMERICAN KENNEL CLUB

CHAMPIONSHIP CERTIFICATE

This certifies that

AUSTRALIAN SHEPHERD
MEADOWLAWN CALLAWAY WELL PLAYED ~ DN61629201

bred by

KIRSTEN ERVIN & SARAH KALKES & KIMBERLY PATTERSON & VALERIE YATES

owned by

SARAH KALKES & KIRSTEN ERVIN & KIMBERLY PATTERSON & VALERIE YATES

having completed the requirements on

JULY 3, 2021

has been officially recorded a

CHAMPION

by The American Kennel Club



AMERICAN
KENNEL CLUB®

Gina DiNardo
Executive Secretary

AUSTRALIAN SHEPHERD CLUB OF AMERICA, INC.®

presents to the
AUSTRALIAN SHEPHERD

MEADOWLAWN CALLAWAY WELL PLAYED DNA-CP

Registration No. *E214296*

has fulfilled the requirements of this club

THE AWARD OF
CHAMPION OF RECORD 4

completed on this date
January 15, 2022

OWNERS

*KIMBERLY PATTERSON
SARAH KALKES
VALERIE YATES
KIRSTEN ERVIN*



ASCA President