

# AMERICAN KENNEL CLUB · FOUNDED 1884 Certified Pedigree

**Sire** CH BANNER'S DREAMBOAT JH  
SN14970203 (08-95) OFA24G OFEL24 BLK  
AKC DNA #V82690

**Dam** KACHKA'S SHARP SHOOTING TIKKA  
SS26385107  
LABRADOR RETRIEVER FEMALE BLK  
Date Whelped: 01/24/2021  
Breeder: CHERYL L MARCHI/PETER T MARCHI

**Dam** MARCHI'S FAME AND FREEDOM  
SR96427506 (05-19) OFA24G OFEL24 YLW



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 February 26, 2022.

Phone number: 573-875-5073  
Fax number: 573-875-5073

CH DICKENDALL ARNOLD  
SF639713 (04-96) OFA25G BLK AKC DNA  
#V33655

BANNER'S GLORY DAYS  
SM80837602 (07-94) OFA32F BLK

CH HIMOON FREEDOM  
SR62171208 (01-12) OFA25G OFEL25  
YLW AKC DNA #V668367

MARCHI'S MAINLAND WALK OF FAME  
SR70811407 (10-14) OFA24F OFEL24  
YLW

CH DICKENDALLS RUFFY SH  
SE717938 (01-88) OFA26E BLK AKC DNA  
#V33657

DICKENDALLS A-HA  
SE427129 (07-87) BLK

CH TABATHA'S REMARQUE O CITADEL JH  
SE974411 (02-90) OFA26G BLK

TABATHA'S SPECIAL BANNER  
SF135909 (12-89) OFA28G OFEL28 BLK

CH ELHID'S AVERAGE JOE  
SR37331601 (12-08) YLW AKC DNA  
#V577193

CH SALTMEADOW PEACE AT HIMOON  
SR45768004 (08-10) OFA24G OFEL24 YLW

CH GHOSTSTONE'S BOOMTOWN RN JH  
SR03358102 (08-04) OFA24G OFEL24 YLW  
AKC DNA #V276441

MARCHI'S MY OH MY  
SR47471404 (04-12) OFA24G OFEL24 BLK

CH RECEIVER OF CRANSPIRE  
SE564501 (10-86) YLW (UKG)

CH MOORWOOD JEWEL  
SD407274 OFA24 BLK

CH MARSHLAND BLITZ  
SE116155 (06-85) OFA41G BLK

DICKENDALL'S ROSE ROYCE  
SC354789 OFA26 BLK

CH KUPROS SPARTACUS  
SD343851 (09-82) BLK (UKG)

CH TABATHAS CORKER O VALLEYWOOD  
SD793017 (02-86) OFA24 BLK

CH TABATHA'S TIGER AT MUSKELUNGE  
SE805715 (04-88) OFA24G YLW

CH TABATHA'S SPARKLER  
SE491286 (04-88) OFA29G BLK

CH WINDFALL'S PIPE MAJOR  
SN79375905 (04-02) OFA24E OFEL24 BLK AKC  
DNA #V210285

CH VALCAR ELHID'S SIDDA LEE  
SN92303704 (02-05) YLW

ROCHEBY OLD SMOKEY  
KCR X3591309X03 (02-08)

SALTMEADOW BOBTAILIN HOME  
SR21401502 (02-08) OFA26G OFEL26 BLK AKC  
DNA #V488229

CH LOR-AL'S CHUCK WAGGIN  
SN44087505 (02-01) OFA25G OFEL25 BLK AKC  
DNA #V202837

CH HYSPIRE GHOSTSTONE'S GLORIA JH  
SN62860004 (12-02) OFA26G OFEL26 BLK

CH BORADORS THE MIGHTY QUINN  
SN71943901 (07-02) OFEL70 YLW AKC DNA  
#V277746

PUCKETT'S MARCHI'S ISABELLE  
SR08419308 (03-06) OFA25G OFEL25 BLK



**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: **Tikka** Coat Color: **Black**  
 Registered name: **Kachka's Sharp Shooting Tikka**  
 Breed: **English Labrador** Sex: **F**  
 ID Number (if any):  Tattoo  Microchip  
 956000013619648  
 Registration Number:  AKC  Other  
 SS26385107  
 Date of Birth (mm/dd/yy): 012421 Date of Exam (mm/dd/yy): 040625  
 Owner Name: **Mark Sneed** Phone: **(406) 529-5481**  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: **PB Box 1261**  
 City: **Florence** State: **MT** Zip/postal code: **59833**  
 E-Mail (use both lines if needed): **marks5840@gmail.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.

*Mark Sneed*  
 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: *Sheryl Krohne* ACVO # **147** Date **4-6-25**  
 Diplomat, American College of Veterinary Ophthalmologists

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



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

# Companion Animal Eye Registry (CAER)

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

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: **Dr. Sheryl Krohne** State: **MT** Zip/postal code: \_\_\_\_\_  
 City: **15717 N Hazard Rd**  
 Phone: **Spokane, WA 99208** ACVO #: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

**NORMAL**

Comments

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

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

KACHKA'S SHARP SHOOTING TIKKA  
*registered name*

LABRADOR RETRIEVER  
*breed*

*film/test/lab #*

856000013619648  
*tattoo/microchip/DNA profile*

2358892  
*application number*

04/17/2023  
*date of report*

RESULTS:

The elbows are normal. No radiographic evidence of elbow dysplasia is present.

SS26385107  
*registration no.*

F  
*sex*

01/24/2021  
*date of birth*

26  
*age at evaluation in months*



A Not-For-Profit Organization

LR-EL115308F26-C-VPI  
O.F.A. NUMBER

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

NORMAL

owner  
MARK SNEAD  
PO BOX 1261  
FLORENCE MT 59833

OFA eCert



Verify QR scan

*G.G. Keller, DVM*

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

www.ofa.org

This electronic OFA certificate was generated on: 04/17/2023

This certification can be verified on the OFA website by  
entering the animal'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@OFA.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@ofa.org  
Phone number: 573-442-0418  
Fax number: 573-875-5073

FL  
@gmail  
com  
exam,  
public

each

# Dog 231640 - Tikka

Account Settings (/accounts/settings/) > My Dogs (/dogs/) > Dog Details - Tikka

Q Details

Forms

▲ Test Results

Reports

1 Order

▲ Paw Print Pedigrees

Below are the results for all tests ordered on Tikka.

The reports provided for this dog include an explanation of the results as they relate to the tests performed. Please refer to these reports for additional detail to help interpret your dog's results.

## Diseases

Test	Genotype*	Interpretation	Test Date	Paw Print Pedigrees
Centronuclear Myopathy	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Congenital Myasthenic Syndrome (Labrador Retriever Type)	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Exercise-Induced Collapse	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Hereditary Nasal Parakeratosis (Labrador Retriever Type)	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Macular Corneal Dystrophy (Labrador Retriever Type)	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Progressive Retinal Atrophy, Golden Retriever 2	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Retinal Dysplasia/Oculoskeletal Dysplasia 1	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Skeletal Dysplasia 2	WT/WT	Normal (clear)	April 28, 2021	Not Shared
Stargardt Disease	WT/WT	Normal (clear)	April 28, 2021	Not Shared

### Resources

- Order Tests (/products/breed/)
- Price List (/pricing/)
- Blog (/blog/)
- FAQ (/faq/)


### About Us

- Our Company (/about/)
- Our Partners (/partners/)
- News & Events (/news/stories/)
- Contact Us (/contact/)
- Careers (https://www.neogen.com/careers/)

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- Terms & Conditions (/terms-and-conditions/)
- Privacy Policy (/privacy-policy/)

### Connect With Us

 (https://www.facebook.com/)

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APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



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

Office  
 Use  
 Only  
 v010122

## Application for Basic Cardiac Database

Registered name: Frachka's Sharp Shooting TIKKA  
 Breed: Labrador Retriever Sex: F  
 Microchip/tattoo: 956000013619648  
 Owner name: Mark Alan SUEAI  
 Co-Owner name: \_\_\_\_\_  
 Mailing address: PO Box 1261  
 City: Florence State: MT Zip/postal code: 59833  
 Phone: 406-529-5481 E-mail: Marks5840@gmail.com  
 AKC registration number: S526385107  
 Date of birth (MM/DD/YY): 01/24/2021  
 Registration number of sire: SN14970203  
 Examining veterinary clinic: Blue Mountain Veterinary  
 Mailing address: 4040 Buckhouse Lane  
 City: MISSOULA State: MT Zip/postal code: 59804  
 Phone: 4062514150 E-mail: Vetbluemountain@gmail.com  
 Other registry name: \_\_\_\_\_  
 Other registry #: \_\_\_\_\_  
 Registration number of dam: SR96427506  
 Date of evaluation (MM/DD/YY): \_\_\_\_\_

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: Mark Alan SUEAI

### 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"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>	VI <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 DID verify microchip/tattoo on this dog  I DID NOT verify microchip/tattoo on this dog  
 Veterinarian Signature: [Signature] Date: \_\_\_\_\_  
 Check one box:  Practitioner,  Specialist,  Cardiologist

Fees: Animals Over 12 Months \$15.00 Litter of 3 or more submitted together \$30.00  
 Kennel Rate—Individuals submitted as a group, owned/co-owned by same person. Minimum of 5 individuals \$10.00 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers  
 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 \_\_\_\_\_