

UNIVERSITY OF CALIFORNIA, DAVIS

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SANTA BARBARA • SANTA CRUZ

VETERINARY GENETICS LABORATORY  
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**TOLLER GENETIC TEST REPORT**

LINA KALŠEK CESTA 9. AVGUSTA 83 1410 ZAGORJE OB SAVI SLOVENIA	<b>Case: NCD83441</b> <b>Date Received: 09-Jul-2018</b> Print Date: 11-Jul-2018 Report ID: 4186-6559-6082-4008 Verify report at <a href="http://www.vgl.ucdavis.edu/myvgl/verify.html">www.vgl.ucdavis.edu/myvgl/verify.html</a>
Name: <b>FIRESARK'S MIDNIGHT MOONDANCE</b> Reg: _____ DOB: <b>05/29/2018</b> Sex: <b>Female</b> Breed: <b>Nova Scotia Duck Tolling Retriever</b>	
Sire: MIC MAC HUNTER'S HOGQQYII Reg: DRC-T 11-0569 Dam: NEXT GENERATION INNER LIGHT DANCING WITH FIRE Reg: SLRNSR-000015	

<b>Cleft Palate (CPI)</b>		Not Requested
<b>Cleft Lip / Palate / Syndactyly (CLPS)</b>		Not Requested
<b>Chondrodystrophy (CDDY)</b>	N/N	No copies of CDDY mutation.
<b>Degenerative Myelopathy (DM)</b>		Not Requested
<b>Juvenile Addison's Disease (JADD)</b>		Not Requested
<b>Dilute</b>		Not Requested

**For more detailed information on Toller Genetic test results, please go to:**  
[www.vgl.ucdavis.edu/services/dog/NSDTRTests.php](http://www.vgl.ucdavis.edu/services/dog/NSDTRTests.php)

<p><b>Orthopedic Foundation for Animals (OFA)</b>                  Please consider registering your results. For more information, see <a href="http://www.offa.org">www.offa.org</a>.</p> <p><b>To register: 1.</b> Copy this page. <b>2.</b> Fill out and sign form below. <b>3.</b> Mail or FAX with payment to:  <b>Orthopedic Foundation for Animals, 2300 E. Nifong Blvd., Columbia, MO 65201-3806</b>                  Phone: (573) 442-0418 Fax: <b>(573) 875-5073</b></p> <p><i>I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain, and I hereby release OFA from any and all liability associated with the release of test information.</i></p> <p>Signature of owner or authorized representative _____</p> <p>The submission fee for an unaffected dog is \$7.50. Affected dogs at any age are 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.</p> <p>_____                  Visa/Mastercard number                      Name on card                      Exp Date                      CVV (security code)</p>
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