

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

MAGGIE MAE
registered name

HYBRID
sex/breed

film/test/lab #

933000320205033
tattoo/microchip/DNA profile

2330931
application number

02/11/2022
date of report

RESULTS:

The results of the examination submitted to OFA indicate that no evidence of patellar luxation was recognized.

NOREG2330931
registration no.

F

07/09/2020
date of birth

18
age at evaluation in months



A Not-For-Profit Organization

HY-PA5904/18F/P-VPI
O.F.A. NUMBER

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



NORMAL - PRACTITIONER

owner

ERICA THIBODEAUX

HESTIE BOUROUE

DUNSMVILLE, LA 70532

OFA eCert



with QR scan

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

www.ofa.org

This electronic OFA certificate was generated on: 02/11/2022

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

Orthopedic Foundation for Animals
Hip Dysplasia Evaluation Report



A Not-for-Profit
Organization

MAGGIE MAE
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Owner

ERICA THIBODEAUX

Veterinarian

LAFAYETTE VET CARE CENTER
110 PERARD ST
LAFAYETTE LA 70503

Preliminary Hip Dysplasia Evaluation Report

_____ **EXCELLENT HIP JOINT CONFORMATION**

superior 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

_____ **GOOD HIP JOINT CONFORMATION**

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

_____ **MILD HIP DYSPLASIA**

radiographic evidence of minor dysplastic changes of the hip joints

✓

_____ **FAIR HIP JOINT CONFORMATION**

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

_____ **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

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

Orthopedic Foundation for Animals
Elbow Dysplasia Evaluation Report



A Not-for-Profit
Organization

MAGGIE MAE
registered name

NOREG2330931
registration no.

HYBRID
breed

F
sex

film/test/lab #

07/09/2020
date of birth

933000320205033
tattoo/microchip/DNA profile

18
age at evaluation in months

2330931
application number

02/11/2022
date of report

Owner

ERICA THIBODEAUX

CHRISTIE BOURQUE
15 FORTUNE ROAD
BOUNGSVILLE LA 70502

Veterinarian

LAFAYETTE VET CARE CENTER
110 PERARD ST
LAFAYETTE LA 70503

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

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

Client # 32772

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 email: ofa@offa.org | website: www.ofa.org
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Office Use Only

v010122

Application for Basic Cardiac Database

Registered name: MAGGIE MAE		AKC registration number:		Other registry name:	
Breed: GOLDENDOODLE		Sex: F		Date of birth (MM/DD/YY): 07/09/2020	
Microchip/tattoo: 933000320205033		Registration number of sire:		Registration number of dam:	
Owner name: [REDACTED]		Co-Owner name:		Examining veterinary clinic: LAFAYETTE VETERINARY CARE CENTER	
Mailing address: [REDACTED]		Mailing address: 110 PERARD ST		Date of evaluation (MM/DD/YY): 08/12/2022	
City: [REDACTED]		State: [REDACTED]		Zip/postal code: [REDACTED]	
City: LAFAYETTE		State: LA		Zip/postal code: 70503	
Phone: [REDACTED]		E-mail: [REDACTED]		Phone: (337) -984-7611	
E-mail: [REDACTED]		E-mail: INFO@LAFAYETTEVETS.COM		E-mail: INFO@LAFAYETTEVETS.COM	

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 *Christel Bouquet*

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

[Signature] Check one box: Practitioner, Specialist, Cardiologist Date: 8/12/2022

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 \$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 check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.
Erica Thibodaux

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

Use card on file