

## Coat Color and Trait Certificate

<b>Call Name:</b>	Shasta <span style="color: red;">(Cindy)</span>	<b>Laboratory #:</b>	91002
<b>Registered Name:</b>	-	<b>Registration #:</b>	-
<b>Breed:</b>	Border Collie	<b>Certificate Date:</b>	July 13, 2018
<b>Sex:</b>	Female		
<b>DOB:</b>	June 2018		

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

Coat Color/Trait Test	Gene	Genotype	Interpretation
E Locus (Yellow/Red)	MC1R	E/e	Black (carries yellow/red)

**Interpretation:**

This dog carries one copy of **E** and one copy of **e** which allows for the production of black pigment. However, this dog's coat color is also dependent on the K, A, and B genes. This dog will pass **E** on to 50% of its offspring and **e** to 50% of its offspring, which can produce a yellow/red coat (including shades of white, cream, yellow, apricot or red) if inherited with another copy of **e**.

Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.



**Helen F Smith, PhD**  
 Assistant Laboratory Director



**Casey R Carl, DVM**  
 Associate Medical Director

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.

**HERITAGE HAVEN EQUINE**

17159 Sprecher Rd  
Boonsboro MD  
(301) 223-6731

**Client** : Logan Fraker  
Fort Littleton, PA 17223

Phone : (717) 860-1693

**Patient** : Cindy  
Species : Canine  
Sex : Fe  
DOB : 06/02/2018

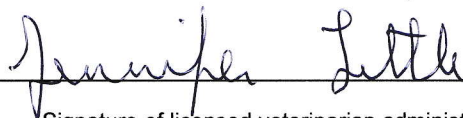
Acct No. : 7665 O  
Breed : Border Collie  
Color : Black & White

**RABIES VACCINATION INFORMATION**

Rabies: Rabvac  
Date Vaccinated: 10/25/2018  
Vaccine Type:

Tag No.: 191493  
Expires: 10/25/2019  
Producer: Boehringer Ingelheim

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.



Signature of licensed veterinarian administering vaccination  
Dr. Jennifer Little,  
License: PA Bv011776: MD 6079: WV 42-2011

Date Aug 4 2018

M Jawanna Border Collier

Address Hemlock, MI

Reg. No.	Clerk	Account Forward		
1	Smasta aka			
2	"Cindy"			
3	was purchased			
4	by Logan +			
5	Ashley Fraker			
6				
7		\$ 1500	00	
8				
9				
10	Thanks			
11	Jennifer			
12	Neitzke			
13				
14				
15				

37

Your Account Stated to Date—If Error Is Found Return at Once  
Adams 1-A



## Canine Genetic Health Certificate™

<b>Call Name:</b>	Cloud	<b>Laboratory #:</b>	16937
<b>Registered Name:</b>	JBC Cloud	<b>Registration #:</b>	<span style="background-color: black; color: black;">XXXXXXXXXX</span>
<b>Breed:</b>	Border Collie	<b>Certificate Date:</b>	May 22, 2018
<b>Sex:</b>	Male		
<b>DOB:</b>	Sept. 2014		

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

Disease	Gene	Genotype	Interpretation
Collie Eye Anomaly	<i>NHEJ1</i>	WT/WT	Normal (clear)
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Intestinal Cobalamin Malabsorption (Border Collie Type)	<i>CUBN</i>	WT/WT	Normal (clear)
Multidrug Resistance 1	<i>ABCB1</i>	WT/WT	Normal (clear)
Neuronal Ceroid Lipofuscinosis 5	<i>CLN5</i>	WT/WT	Normal (clear)
Sensory Neuropathy (Border Collie Type)	<i>FAM134B</i>	WT/WT	Normal (clear)
Trapped Neutrophil Syndrome	<i>VPS13B</i>	WT/WT	Normal (clear)

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



**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™

<b>Call Name:</b>	Indy	<b>Laboratory #:</b>	16939
<b>Registered Name:</b>	CRL Indigo	<b>Registration #:</b>	
<b>Breed:</b>	Border Collie	<b>Certificate Date:</b>	June 8, 2018
<b>Sex:</b>	Female		
<b>DOB:</b>	March 2009		

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

Disease	Gene	Genotype	Interpretation
Collie Eye Anomaly	<i>NHEJ1</i>	WT/WT	Normal (clear)
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Intestinal Cobalamin Malabsorption (Border Collie Type)	<i>CUBN</i>	WT/WT	Normal (clear)
Multidrug Resistance 1	<i>ABCB1</i>	WT/WT	Normal (clear)
Neuronal Ceroid Lipofuscinosis 5	<i>CLN5</i>	WT/WT	Normal (clear)
Sensory Neuropathy (Border Collie Type)	<i>FAM134B</i>	WT/WT	Normal (clear)
Trapped Neutrophil Syndrome	<i>VPS13B</i>	WT/WT	Normal (clear)

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



**Helen F Smith, PhD**  
 Assistant Laboratory Director



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No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED  
0579-0036  
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
  
UNITED STATES INTERSTATE AND INTERNATIONAL  
CERTIFICATE OF HEALTH EXAMINATION  
FOR SMALL ANIMALS

**WARNING:** Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)  
 Dog    Cat    Other \_\_\_\_\_  
 Nonhuman Primate    Ferret    Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS  
1

4. PAGE \_\_\_\_\_ of \_\_\_\_\_

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)

JENNIFER NEITZKE  
[REDACTED]  
HEMLOCK, MI 48626

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)

LOGAN + ASHLEY FRAKER  
[REDACTED]  
FORT LITTLETON, PA 17223

USDA License/or Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION		
					1 YEAR	2 YEARS	3 YEARS
(1) SHASTA "CINDY"	BORDER COLLIE	6 weeks	F	SEAL/WHITE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)							
(3)							
(4)							
(5)							
(6)							

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION			OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
Vaccination Date	Product	Date	Product Type and/or Results	
7-17-18	Adaper 12 weeks	7-17-18	BE DA <sub>2</sub> PIPUK + CUK SQ 9160349A 1450326A	

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

- I have verified the presence of the microchip, if a microchip is listed in box 7.
- I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
- To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)  
PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN  
 Alexander Michael Mangini DVM  
 1020 S. CALIFORNIA ST  
 HEMLOCK MI 48626  
 989 642-2135

LICENSE NUMBER AND STATE

[REDACTED]

Accredited  Yes  No  
If yes, please complete below

NATIONAL ACCREDITATION NUMBER

[REDACTED]

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

SIGNATURE OF ISSUING VETERINARIAN

A. Michael Mangini DVM

DATE

7-17-18



# Please do these things at home for me.

At home, I need regular treatments for parasites. The check-off chart below will help make sure we don't miss a single dose.

Heartworm Disease Prevention &  
Intestinal Parasite Treatment/Control

Product \_\_\_\_\_

### Monthly Treatments

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fleas, Ticks/External Parasite Control

Product \_\_\_\_\_

### Monthly Treatments

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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My name \_\_\_\_\_  
 My breed BORDER COLLIE  
 My birthday 6-5-2018  
 Date of my first health check \_\_\_\_\_  
 FS  M  MN  
 My tattoo/microchip number \_\_\_\_\_

Pet owner name \_\_\_\_\_  
 Address \_\_\_\_\_

Phone \_\_\_\_\_

Veterinary clinic information \_\_\_\_\_  
 Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency clinic phone \_\_\_\_\_

**VILLAGE VETERINARY CLINIC**  
 A. M. Manzoni DVM  
 105 W. Seginaw St  
 HEMLOCK, MICHIGAN 49828  
 688 642 2135







