

# Can/Pol Ch. Eagertrieves True Gravity



JKlotz



JKlotz

CANADIAN KENNEL CLUB  CLUB CANIN CANADIEN

*Purebred Dog Certificate of Registration*  
*Certificat d'enregistrement de chien de race pure*

Reg. No.: **EJ717395** Name: **EAGERTRIEVES TRUE GRAVITY**

Date Issue: **06-OCT-2017** Breed: **RETRIEVER (LABRADOR)** Date of Birth: **29-MAY-2017**

Litter No.: **ZY486064EJ** Colour: **CHOCOLATE**

Tattoo Markings and/or Microchip No.: **C7B 20E RE (95600004971104)** Sex: **MALE** Progeny: **3M 0F**

Sire's Reg'd No. & Name: **SR94998601 RAMBLIN' MAN OF BUDDY HUNTER (USA)**

Dam's Reg'd No. & Name: **ZY486064 CH EAGERTRIEVES GRIN AND BEAR IT**

Breeder: **OWNER AT BIRTH**

Owner at Birth: **JOLENE M LINGNAU (0960856)**

Address: **PO BOX 40**

City Prov P/C: **GWYNNE AB T0C 1L0**

Ref No.: **50138918**  
OCR No.: **CMK-621B**

Purchase Date: Owner: **JOLENE M LINGNAU, GWYNNE, AB**

Foreign Reg No.: Importer:

The Canadian Kennel Club is an animal pedigree association incorporated under the Animal Pedigree Act.

CANADIAN KENNEL CLUB®  CLUB CANIN CANADIEN<sup>MD</sup>

*Champion*

**EAGERTRIEVES TRUE GRAVITY**

Registered Name/Nom enregistré

**JOLENE M KLOTZ**

Owned by/Propriété de

**RETRIEVER (LABRADOR)**

Breed/Race

**EJ717395**

No/N°

**TORONTO**

**MARCH 22, 2019**

Dated at/Lieu et date





# POLISH CHAMPION

Male                    **EAGERTRIEVES TRUE GRAVITY**  
Breed                   **Labrador Retriever FCI 122**  
Date of birth         **29.05.2017**  
Pedigree number    **CKC EJ717395**

Owner                 **Jolene Klotz**  
                             **PO BOX 40**  
                             **AB T0C 1L0 Gwynne**  
                             **Canada**

Based on the certificates granted at the following shows:

- 1. national show - 26.10.2019, Radom "duże CWC", judge: Leszek Salamon**
- 2. international show - 15-16.02.2020, Bydgoszcz, judge: Barbara Müller**
- 3. national show - 15-16.08.2020, Toruń, judge: Leszek Siejkowski**

the above mentioned dog has been awarded the Polish Champion title.

04.11.2020, Warsaw

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



EAGERTRIEVES TRUE GRAVITY, CH

*registered name*

LABRADOR RETRIEVER

*breed*

95600004971104

*tattoo/microchip/DNA profile*

1930592

*application number*

6/5/2019

*date of report*

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

EJ717395

*registration no.*

M

*sex*

5/29/2017

*date of birth*

24

*age at evaluation in months*

LR-240837F24M-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



FAIR

owner

JOLENE KLOTZ

BOX 40

GWYNNE, AB T0C1L0

CANADA

*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.



EAGERTRIEVES TRUE GRAVITY, CH

*registered name*

LABRADOR RETRIEVER

*breed*

95600004971104

*tattoo/microchip/DNA profile*

1930592

*application number*

6/5/2019

*date of report*

**RESULTS:**

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

EJ717395

*registration no.*

M

*sex*

5/29/2017

*date of birth*

24

*age at evaluation in months*

LR-EL90235M24-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



NORMAL

owner

JOLENE KLOTZ

BOX 40

GWYNNE, AB T0C1L0


CANADA

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

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

www.ofa.org

Registration to Poland: CCVD reg. no. Examination: O-PL 002330  
ECVD reg. no. examiner: PL-GARN


 Certificate of eye examination  
 European College of Veterinary Ophthalmologists

Faculty of Veterinary Medicine  
 Wroclaw University of Life Sciences - 50-339  
 Wydział Weterynaryjny i Zootechniczny  
 50-771 Wrocław (Wrocław)  
 PL-24-02  
 ul. Szewalska 59/63

**Animal**

Name: Eagertrieves TRUE GRAVITY  
 Breed: LABRADOR RETRIEVER  
 Registration no.: \_\_\_\_\_  
 Microchip no.: 95600004971104  
 Date of birth: 29.05.2017 Sex:  Male  Female Previous examination:  No  Yes  Unaffected  Suspect  Undetermined  Affected  
 Colour: chocolate  
 Tattoos: \_\_\_\_\_  
 If abnormal date, cert. no. + reg. no. exam.: \_\_\_\_\_

**Owner/agent**

Name: JOLENE KLOTZ DNA-Test:  Yes type-date \_\_\_\_\_  
 No  
 Address: \_\_\_\_\_  
 Country, Post code: CAN Box 40 Town: GUYVNE, AB TOC10

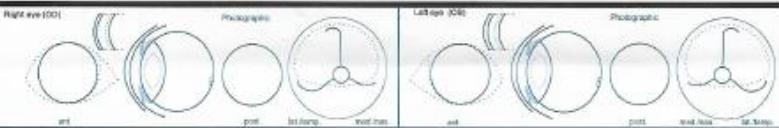
The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature site means that the results are available for official publication and other ECVO approved use.

*Klotz*  
Signature owner / agent

**Examination**

Date: 07.08.20 Check tattoo:  Correct  Partly / unreadable  Incorrect  Absent  
 Method minimal:  Mydriatic, indirect ophthalmology and binocular biomicroscopy in 10x Check microscope:  Correct  Incorrect  Absent  
 Examined before dilation  Tonometry (without mydriatic)  
 Direct Ophthalmology  Other: \_\_\_\_\_  
 Gonioscopy (without mydriatic) If another method is used, the form only has value with a specifying certificate.

**Right eye (OD)** **Left eye (OS)**

Photographic: 

Descriptive comments: \_\_\_\_\_

Eye disease no.:  mild  severe

**Results for the known or presumed hereditary eye diseases (KP-HED):**

Known or presumed hereditary eye diseases (KP-HED)	affected	unaffected	Results valid for 12 months
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
2. Persistent Hypertrophic Tunica Vesiculosa Lentis/Primary Vitreous (PHLV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
5. Hypoplastic/Micro-papille	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
8. Irido-Corneal Abnormality (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	ICAA PIA: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe ICAA: <input type="checkbox"/> narrow (profound) <input type="checkbox"/> closed (severe)
9. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
10. Ectropion/Macroblepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
11. Distichiasis/Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
12. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
13. Cataract (non-congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
14. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
15. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>
16. Other	<input type="checkbox"/>	<input type="checkbox"/>	affected <input type="checkbox"/> unaffected <input type="checkbox"/>

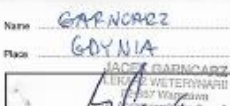
**Microscopic**

\* "Unaffected" signifies that there is no clinical evidence of the known or presumed hereditary eye diseases (KP-HED) specified, whereas "affected" signifies that there is such evidence.  
 \*\* The animal displays clinical features that could possibly fit the KP-HED mentioned, but the changes are inconclusive.  
 \*\*\* The animal displays minor, but specific clinical signs of the KP-HED mentioned. Further development will confirm the diagnosis. Recommendation in \_\_\_\_\_ months.


**FOR FURTHER INFORMATION: P.T.O.**

**Examiner**

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as above.

Name: GARNICAZ  
 Place: GONYIA  
 Signature: 

colour / identification: \_\_\_\_\_  
 1 valid national registry ZPNA, no. \_\_\_\_\_  
 2 valid national registry ZPNA, no. \_\_\_\_\_  
 3 valid national registry ZPNA, no. \_\_\_\_\_


 20-2-18 @ ecvo



## Coat Length DNA Test

Case Number: 134091

Owner: Jolene Klotz

Box 40

Gwynne AB TOC10

Canada

### Canine Information

DNA ID Number: **181963**

Call Name: **Hobbs**

Sex: **Male**

Birthdate: **05/29/2017**

Breed: **Labrador Retriever**

Coat Color: **Chocolate**

Registered Name: **Eagertrieves True Gravity**

Registration Number: **CKC ZY486064**

Microchip/Tattoo: **95600004971104 / C7B20E**

Report Date: 10/28/2019

DNA Result: **Clear (FGF5:c284G>T -/-; those having 2 copies of the normal allele)**



**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

**Application for Advanced Cardiac Database**

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine - Cardiology (ACVIM)



Registered name: **Eagertreives True Gravity**  
 Call name: **Hobbs** Weight:  kg  lbs Estimate  
 Breed: **Labrador** Dam Registration #: **15** Gender: **m**  
 ID Number (if any):  Tattoo  Microchip  
 Registration Number: **95600000 4971104**  
 Date of Birth: (MMDDYY) **EJ7117395**  
 Date of Exam: (MMDDYY) **052917 102718**

Owner Name: **Jolene Klotz**  
 Co-Owner Name: \_\_\_\_\_ Phone: **7808410000**  
 Owner Address: **Box 40**  
 City: **Gwynne** State: **AB** Zip/postal code: **T0C1L0**  
 E-Mail (use both lines if needed): **labs@eagertreive.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 cardiologist 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 authorized box below which permits the OFA to release non-passing results to the public.  
**Jolene Klotz**  
 Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials)

Cardiologist: **Dr. Kim Hawkes** CH08  
 Guardian Veterinary Centre  
 780-436-5880  
 cardiology@guardianvetcentre.com

Fees and credit card information on back of WHITE sheet.  
 12/22/15



C053194

**Genetic Test Status:** Test  
 Negative  Abnormal: Heterozygous  Homozygous

**EXAMINATION FINDINGS**

**AUSCULTATION**  
 Normal  Abnormal  Arrhythmia   
 Murmur Grade: I  II  III  IV  V  VI   
 PMI: Left  Right  Base  Apex   
 Timing: Systolic  Diastolic  Continuous   
 Extra Sounds: Click  Gallop  Split S1  Split S2

**ECHOCARDIOGRAM**  NOT PERFORMED

RA: Normal  Enlarged \_\_\_\_\_ mm RV: Normal  enlarged \_\_\_\_\_ mm  
 TV: Normal  Abnormal: Mild  Moderate  Severe   
 TR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s  
 LA: Normal  Enlarged: Mild  Moderate  Severe   
 LAo **32.4** mm: SAx  LAx  (MM  2D   
 MV: Normal  Abnormal: Mild  Moderate  Severe   
 MR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s  
 LV: Normal  Enlarged: Mild  Moderate  Severe   
 LVIDd: **22.5** mm MM  2D  LVIDs: **25.6** mm MM  2D   
 SF: **39.9** % (MM  2D  EF: \_\_\_\_\_ % (MM  2D  volumetric)  
 ESVI: \_\_\_\_\_ mL/m<sup>2</sup> Sphericity Index \_\_\_\_\_ EPSS: \_\_\_\_\_ mm  
 IVSd: **11.9** mm Normal  Abnormal  (MM  2D   
 PW: PWD **12.2** mm Normal  Abnormal  (MM  2D   
 PapMuscle: Normal  Abnormal   
 LVOT Normal  Abnormal  Ridge  Other \_\_\_\_\_  
 AoV: Normal  Abnormal: Mild  Moderate  Severe   
 Ao Diameter: **26.0** mm LA/Ao: **1.25** Method: **H25**  
 AoV/LVOT Vel: Normal  Abnormal  (Apical  Subcostal  **1.44** m/s  
 DLVOTO:  Vmax \_\_\_\_\_ m/s SAM:   
 AR: None  Mild  Moderate  Severe  \_\_\_\_\_ m/s  
 RVOT: Normal  Infundibular narrowing  Vmax (if abnormal) \_\_\_\_\_ m/s  
 DRVOTO:  Vmax \_\_\_\_\_ m/s  
 PV: Normal  Abnormal  Mild  Moderate  Severe   
 PV Vel: Normal  Abnormal  (Right  Left apex  **1.45** m/s

**ELECTROCARDIOGRAM (ECG)**  
 normal  abnormal  not performed  
 Date: **05/26/17** Method: **Single lead ECG**  
 HR: **88** bpm Rhythm: **sinus rhythm**

**HOLTER ECG**  
 Date performed: \_\_\_\_\_  pending  not performed  
 normal  equivocal  abnormal  (see Holter report for details)

**EXAMINATION RESULTS**  
 **NORMAL**  
 No evidence for congenital heart disease  
 No evidence for adult onset inherited heart disease  
 **valid for 1 year** (in Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)

**EQUIVOCAL**  
 Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

**ABNORMAL**  
 (evidence of congenital or adult onset inherited heart disease)  
 Diagnosis:  ARVC  ASD  DCM  HCM  MVD  MMVD  PDA  PS  SAS/AS  TVD  VSD  Other \_\_\_\_\_

Severity:  Mild  Moderate  Severe

Comments (additional findings which would not result in a final abnormal diagnosis):

I DID verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog  
 NO MICROCHIP/TATTOO PRESENT

Signature: \_\_\_\_\_ Date: **05/26/17**

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy; PINK = Diplomate copy; YELLOW = Research copy

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**PRA-prcd DNA Test**

Case Number: 94248  
 Owner: **Jolene Lingnau**  
 PO Box 40  
 Gwynne AB T0C 1L0  
 CANADA

**Canine Information**

DNA ID Number: **138453**  
 Call Name: **Desi Blue Collar**  
 Sex: **Male**  
 Birthdate: **05/29/2017**  
 Breed: **Labrador Retriever**  
 Coat Color: **Chocolate**  
 Registered Name:  
 Registration Number:  
 Microchip/Tattoo: **C7B 20E**  
 Report Date: **7/19/2017**  
 DNA Result: **Clear (2 copies of the normal allele)**



## Copper Toxicosis (CT)

Case Number: 156610  
Owner: Ewa Kotowska  
Str. Perkoza 9  
Bojano Poland 84-207  
Poland

### Canine Information

DNA ID Number: **207979**  
Call Name: **Hobbs**  
Sex: **Male**  
Birthdate: **29MAY2017**  
Breed: **Labrador Retriever**  
Coat Color: **Chocolate**  
Registered Name: **Eagertrieves True Gravity**  
Registration Number: **CKC ZY486064**  
Microchip/Tattoo: **95600004971104**  
Report Date: 2/22/2021  
DNA Result: **ATP7A Protective Mutation -/Y Negative Male**  
**ATP7B Disease Mutation -/- Clear**



## Centronuclear Myopathy DNA Test

Case Number: 134087  
Owner: Jolene Klotz  
Box 40  
Gwynne AB T0C1L0  
Canada

### Canine Information

DNA ID Number: **181963**  
Call Name: **Hobbs**  
Sex: **Male**  
Birthdate: **05/29/2017**  
Breed: **Labrador Retriever**  
Coat Color: **Chocolate**  
Registered Name: **Eagertrieves True Gravity**  
Registration Number: **CKC ZY486064**  
Microchip/Tattoo: **95600004971104 / C7B20E**  
Report Date: 10/28/2019  
DNA Result: **Clear (2 copies of the normal allele)**



## Degenerative Myelopathy DNA Test

Case Number: 134088  
Owner: Jolene Klotz  
Box 40  
Gwynne AB T0C1L0  
Canada

### Canine Information

DNA ID Number: **181963**  
Call Name: **Hobbs**  
Sex: **Male**  
Birthdate: **05/29/2017**  
Breed: **Labrador Retriever**  
Coat Color: **Chocolate**  
Registered Name: **Eagertrieves True Gravity**  
Registration Number: **CKC ZY486064**  
Microchip/Tattoo: **95600004971104 / C7B20E**  
Report Date: 10/28/2019  
DNA Result: **Clear (2 copies of the normal allele)**



## Hereditary Nasal Parakeratosis DNA Test

Case Number: 134090  
Owner: Jolene Klotz  
Box 40  
Gwynne AB T0C1L0  
Canada

### Canine Information

DNA ID Number: **181963**  
Call Name: **Hobbs**  
Sex: **Male**  
Birthdate: **05/29/2017**  
Breed: **Labrador Retriever**  
Coat Color: **Chocolate**  
Registered Name: **Eagertrieves True Gravity**  
Registration Number: **CKC ZY486064**  
Microchip/Tattoo: **95600004971104 / C7B20E**  
Report Date: 10/28/2019  
DNA Result: **Clear (2 copies of the normal allele)**