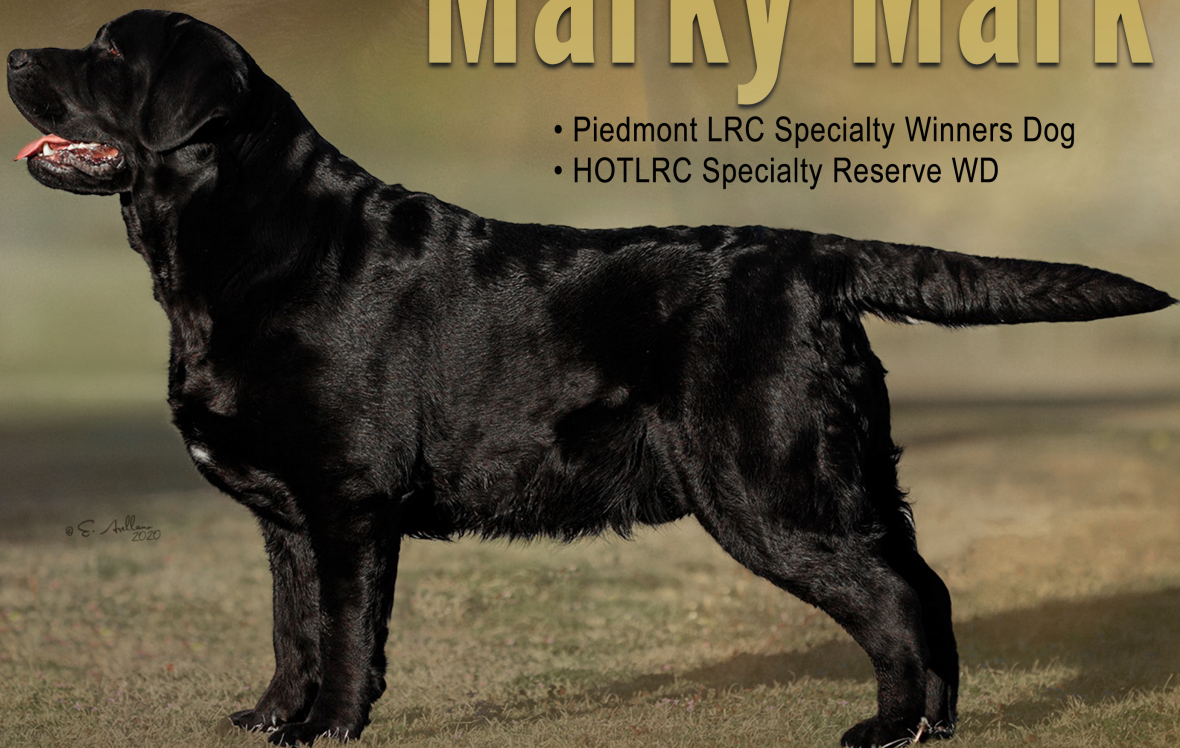




Marky Mark

- Piedmont LRC Specialty Winners Dog
- HOTLRC Specialty Reserve WD




© S. Aullano 2020

DICKENDALL BUCKSTONE TRADEMARK

(MBISS GCH CH Dickendall Buckstone Hou's He x Dakota Rain Bella Mare)

Standing at Stud At Dickendall

WWW.DICKENDALL.COM

PHOTOS + AD DESIGN BY  ELIZABETHARELLANO.COM

AMERICAN KENNEL CLUB · FOUNDED 1884

Certified Pedigree

AMERICAN KENNEL CLUB · FOUNDED 1884

**GCH CH DICKENDALL BUCKSTONE
THREE DOG NIGHT**
SR710523006 (01-14) BLK AKC DNA
#V739982

**GCHB CH SADDLEHILL LATE KNIGHT
SCRAMBLE**
SR55452701 (09-11) OFA24G OFEL24 BLK
AKC DNA #V639079

CH SHALANE FLY BY KNIGHT
SR7438710 (11-07) OFA24G BLK AKC DNA
#V537381

CH SADDLEHILL DON'T BE LATE
SR138918003 (08-07) OFA29G OFEL29 BLK

CH DICKENDALL PRINCESS PHOEBE
SR37925401 (06-10) BLK

CH DICKENDALL DAVARON GABLE
SN73023501 (06-01) OFA25G OFEL25 BLK AKC
DNA #V191430

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

SADDLEBROOKER'S LAURALEI
SR06317904 (02-07) OFA24G OFEL24 BLK

CH DICKENDALL CHARITY
SN86944006 (06-05) BLK AKC DNA #V308130

CH DICKENDALLS RUFFY SH
SET77936 (07-88) OFA20E BLK AKC DNA #V39657

**DICKENDALL BUCKSTONE AMERICAN
GRAFFITI**
SR54633307 (10-11) BLK

DICKENDALLS A-HA
SE427129 (07-87) BLK

CH DICKENDALL CHARIY
SN86944006 (06-05) BLK AKC DNA #V308130

CH DICKENDALL DAVARON GABLE
SN73023501 (06-01) OFA25G OFEL25 BLK AKC
DNA #V191430

DICKENDALL BUCKSTONE TRADEMARK
SS12564901
LABRADOR RETRIEVER MALE BLK
Microchip: 956000010681902
Date Whelped: 04/02/2019
Breeder: KENDALL HERR/SONIA CZAJOR

PIPELINE ZEIDA
SN68272103 (12-01) YLW

GCH CH JULSBY HEY GOOD LOOKIN'
SR15771010 (08-05) OFA24G OFEL24 YLW AKC
DNA #V415343

**GCHS CH GATEWAY'S NOTHIN' BUT
TROUBLE**
SR41945401 (02-09) OFA24G OFEL24 YLW
AKC DNA #V534135

CH LAB'SPB YU-PIITER
SS07806301 (05-19) YLW (RUS) AKC
DNA #V876978

LAB SPB IDEA FIX
RKF 2812589

CH GATEWAY'S WHITE DOVE
SR16899803 (08-07) OFA24G OFEL24 YLW

CH DEVONSHIRES LIMITED EDITION
SR37321401 (11-08) OFA25G OFEL25 YLW AKC
DNA #V557980

CH ANGUK BLACK KI-BO (ANGUANO)
SR76493201 (01-14) OFA27G OFEL27 BLK
(MEX) AKC DNA #V707937

AMERICAN DREAM FOR LABSPB
RKF 2309735

CH LAB'SPB YU-PIITER
SS07806301 (05-19) YLW (RUS) AKC
DNA #V876978

GCH LOBUFF HOLLYRIDGE WIZARD OF OZ
SR37369101 (02-08) OFA24G OFEL24 BLK AKC
DNA #V547586

PURPLE RAIN BELLA MARE
PKR VIII-31032

ZARINA (ANGUANO)
FCM FCMN4318-H

DICKENDALL BUCKSTONE FORSYTHIA
SR66092206 YLW

CH BUCKSTONE SURVIV'N ON AYR
SR11538401 (10-05) OFA24G BLK AKC DNA
#V380614



**AMERICAN
KENNEL CLUB**

Erin D. Lando
Executive Secretary

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on February 25, 2020.



Canine Genetic Health Certificate™

Call Name: Mark
Registered Name: Dickendall Buckstone Trademark
Breed: Labrador Retriever
Sex: Male
DOB: April 2019

Laboratory #: 144197
Registration #: -
Certificate Date: May 22, 2020

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

Disease	Gene	Genotype	Interpretation
Exercise-Induced Collapse	<i>DNM1</i>	WT/M	Carrier
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)

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

Helen F Smith, PhD
Assistant Laboratory 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.

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

DICKENDALL BUCKSTONE TRADEMARK
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

956000010681902
tattoo/microchip/DNA profile

2240172
application number

07/27/2021
date of report

RESULTS:

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

SS12564901
registration no.

M
sex

04/02/2019
date of birth

26
age at evaluation in months



A Not-For-Profit Organization

LR-EL104781M26-VPI
O.F.A. NUMBER

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

NORMAL

owner

KENDALL HERR; FAITH HYNDMAN
467 COUNTY RD 131
GAINESVILLE TX 76240

OFA eCert



Verify certificate
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: 07/27/2021

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, INC.

DICKENDALL BUCKSTONE TRADEMARK
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

956000010681902
tattoo/microchip/DNA profile

2240172
application number

05/05/2021
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:

SS12564901
registration no.

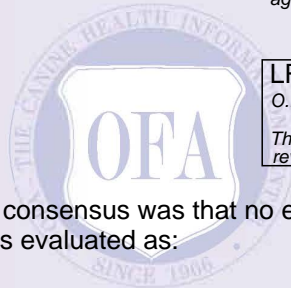
M
sex

04/02/2019
date of birth

24
age at evaluation in months



A Not-For-Profit Organization



LR-254618G24M-VPI
O.F.A. NUMBER

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

GOOD

owner KENDALL HERR; FAITH HYNDMAN
467 COUNTY RD 131
GAINESVILLE TX 76240

OFA eCert



Verify certificate
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: 05/05/2021

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
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.ofa.org. A not-for-profit organization

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: **Dr. Terri Baldwin**
 Address: **Pearl Veterinary Partners**
 City: **Clearwater, FL** State: **FL** Zip/postal code: **EC281**
 Phone: **727-572-0132** # **EC281**
 Email:

Call name: **MARY**

Registered name: **DICKENBALL BUCKSTONE TRADEMARK**

Breed: **LAB PST** Sex: **M**

Microchip/Tagno: **956000010681902**

Registration Number: **9560000610681902**

Date of Birth (mm/dd/yy): **040219** Date of Exam (mm/dd/yy): **052321**

Owner Name: **Rendall Herr**

Co-Owner Name: **Phone: 9407363485**

Owner Address: **4107 CE 131**

City: **GAINESVILLE** State: **TX** Zip/postal code: **76240**

E-Mail (use both lines if needed): **dickendall16s@ddc.com**

NYNLINE

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. Further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Signature of owner or authorized agent/representative: **[Signature]**

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

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: **[Signature]** ACVO # _____ Date: **2/12/21**

Diplomate, American College of Veterinary Ophthalmologists
FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



740189

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

© American College of Veterinary Ophthalmologists

<p>RIGHT EYE GLOBE LEFT EYE</p> <p><input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input type="checkbox"/> EYELEIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum <input type="checkbox"/> NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus <input type="checkbox"/> CORNEA <input type="checkbox"/> dystrophy — epithelial/stromal <input type="checkbox"/> dystrophy — endothelial <input type="checkbox"/> pannus <input type="checkbox"/> pigmentary keratitis/keratopathy <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma</p>		<p>endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris</p>		<p><input type="checkbox"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple</p>	
<p>CORNEA <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P</p>		<p>CORNEA <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P</p>		<p><input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating</p>	
<p>CATARACT <input type="checkbox"/> Incorp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc. <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N</p>		<p>CATARACT <input type="checkbox"/> Incorp. <input type="checkbox"/> Incip. <input type="checkbox"/> Punc. <input type="checkbox"/> Incip. <input type="checkbox"/> Incomp. <input type="checkbox"/> A <input type="checkbox"/> P</p>		<p>LENS <input type="checkbox"/> persistent pupillary membranes <input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands</p>	
<p><input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis</p>		<p><input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis</p>		<p><input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds</p>	
<p><input type="checkbox"/> VITREOUS <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration</p>		<p><input type="checkbox"/> VITREOUS <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration</p>		<p><input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla</p>	
<p><input type="checkbox"/> Significance Unknown/Suspect Not Inherited</p>		<p><input type="checkbox"/> Significance Unknown/Suspect Not Inherited</p>		<p><input type="checkbox"/> OTHER CONDITIONS <input type="checkbox"/> Unlisted conditions suspected as inherited. Describe in comments <input type="checkbox"/> Unlisted conditions suspected as not inherited</p>	

NORMAL

Comments

2/12/20



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

Companion Animal Eye Registry (CAER)

Dr. Terri Baldwin EC281
 BluePearl Veterinary Partners
 Clearwater, FL
 727-572-0132

Registered name: **DICKENDALL BUCKSTONE TRADEMARK**
 Breed: **LAB Ret** SM **M**

ID Number (if any): Tattoo Microchip
2512564901
 Registration Number: AKC Other
5112564901

Date of Birth: **040219** Date of Exam: **661320**

Owner Name: **Rendell Hepp** Phone: 9407363485

Co-Owner Name: _____

Owner Address: **407 CE 131** State: **TX** Zip/postal code: **76240**

City: **COMMERCE** E-Mail (use both lines if needed): **dickendall@escodde.com**

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative: **Rendell Hepp**

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) _____

OFA Eye Clearance Database

- Initial submission \$12.00
- Resubmits: \$8.00
- Litter of 3 or more submitted together \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person, \$7.50 ea.
- Submission of non-passing results in the open database: 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.

To pay by Credit Card, see the back of the WHITE sheet.

4/14/14

184008

<input type="checkbox"/>	RIGHT EYE	GLOBE	<input type="checkbox"/>	LEFT EYE
<input type="checkbox"/>		microphthalmos	<input type="checkbox"/>	
<input type="checkbox"/>		keratoconjunctivitis sicca	<input type="checkbox"/>	
<input type="checkbox"/>		glaucoma	<input type="checkbox"/>	
<input type="checkbox"/>		EYELIDS	<input type="checkbox"/>	
<input type="checkbox"/>		entropion	<input type="checkbox"/>	
<input type="checkbox"/>		ectropion	<input type="checkbox"/>	
<input type="checkbox"/>		distichiasis	<input type="checkbox"/>	
<input type="checkbox"/>		ectopic cilia	<input type="checkbox"/>	
<input type="checkbox"/>		imperforate lacrimal punctum	<input type="checkbox"/>	
<input type="checkbox"/>		NICTITANS	<input type="checkbox"/>	
<input type="checkbox"/>		cartilage anomaly/eversion	<input type="checkbox"/>	
<input type="checkbox"/>		gland prolapse	<input type="checkbox"/>	
<input type="checkbox"/>		plasmoma/atypical pannus	<input type="checkbox"/>	
<input type="checkbox"/>		CORNEA	<input type="checkbox"/>	
<input type="checkbox"/>		dystrophy—epithelial/stromal	<input type="checkbox"/>	
<input type="checkbox"/>		dystrophy—endothelial	<input type="checkbox"/>	
<input type="checkbox"/>		pannus	<input type="checkbox"/>	
<input type="checkbox"/>		pigmentary keratitis/keratopathy	<input type="checkbox"/>	
<input type="checkbox"/>		UVEA	<input type="checkbox"/>	
<input type="checkbox"/>		uveal cyst	<input type="checkbox"/>	
<input type="checkbox"/>		iris coloboma	<input type="checkbox"/>	
<input type="checkbox"/>		iris hypoplasia	<input type="checkbox"/>	
<input type="checkbox"/>		iris sphincter dysplasia	<input type="checkbox"/>	
<input type="checkbox"/>		pigmentary uveitis	<input type="checkbox"/>	
<input type="checkbox"/>		uveal melanoma	<input type="checkbox"/>	

CORNEA

T N P

CORNEA

A P

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris

free floating
 single
 multiple

<input type="checkbox"/>	RIGHT EYE	CORNEA	<input type="checkbox"/>	LEFT EYE
<input type="checkbox"/>		endothelial opacity/no strands	<input type="checkbox"/>	
<input type="checkbox"/>		lens pigment foci/no strands	<input type="checkbox"/>	
<input type="checkbox"/>		iris sheets	<input type="checkbox"/>	
<input type="checkbox"/>		iris to cornea	<input type="checkbox"/>	
<input type="checkbox"/>		iris to lens	<input type="checkbox"/>	
<input type="checkbox"/>		iris to iris	<input type="checkbox"/>	
<input type="checkbox"/>		free floating	<input type="checkbox"/>	
<input type="checkbox"/>		single	<input type="checkbox"/>	
<input type="checkbox"/>		multiple	<input type="checkbox"/>	
<input type="checkbox"/>		dystrophy—epithelial/stromal	<input type="checkbox"/>	
<input type="checkbox"/>		dystrophy—endothelial	<input type="checkbox"/>	
<input type="checkbox"/>		pannus	<input type="checkbox"/>	
<input type="checkbox"/>		pigmentary keratitis/keratopathy	<input type="checkbox"/>	
<input type="checkbox"/>		UVEA	<input type="checkbox"/>	
<input type="checkbox"/>		uveal cyst	<input type="checkbox"/>	
<input type="checkbox"/>		iris coloboma	<input type="checkbox"/>	
<input type="checkbox"/>		iris hypoplasia	<input type="checkbox"/>	
<input type="checkbox"/>		iris sphincter dysplasia	<input type="checkbox"/>	
<input type="checkbox"/>		pigmentary uveitis	<input type="checkbox"/>	
<input type="checkbox"/>		uveal melanoma	<input type="checkbox"/>	
<input type="checkbox"/>		persistent pupillary membranes	<input type="checkbox"/>	
<input type="checkbox"/>		LENS	<input type="checkbox"/>	
<input type="checkbox"/>		anterior cortex	<input type="checkbox"/>	
<input type="checkbox"/>		posterior cortex	<input type="checkbox"/>	
<input type="checkbox"/>		equatorial cortex	<input type="checkbox"/>	
<input type="checkbox"/>		anterior sutures	<input type="checkbox"/>	
<input type="checkbox"/>		posterior sutures	<input type="checkbox"/>	
<input type="checkbox"/>		nucleus	<input type="checkbox"/>	
<input type="checkbox"/>		capsular	<input type="checkbox"/>	
<input type="checkbox"/>		generalized/complete	<input type="checkbox"/>	
<input type="checkbox"/>		resorbing/hypermature	<input type="checkbox"/>	
<input type="checkbox"/>		significance of cataract unknown	<input type="checkbox"/>	
<input type="checkbox"/>		subluxation/luxation	<input type="checkbox"/>	
<input type="checkbox"/>		VITREOUS	<input type="checkbox"/>	
<input type="checkbox"/>		PHPV/PTVL	<input type="checkbox"/>	
<input type="checkbox"/>		persistent hyaloid artery	<input type="checkbox"/>	
<input type="checkbox"/>		degeneration	<input type="checkbox"/>	
<input type="checkbox"/>		ant. chamber	<input type="checkbox"/>	
<input type="checkbox"/>		syneresis	<input type="checkbox"/>	

FUNDUS

RIGHT EYE **LEFT EYE**

detached
 geographic
 folds

retinal detachment
 retinal atrophy—generalized
 retinopathy

retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

folds
 geographic
 detached

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

NORMAL

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

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: **Terri Baldwin** Date: **08/16/13**
 ACVO # **28161370**
 Diplomate, American College of Veterinary Ophthalmologists

Comments: _____

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

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