

AMERICAN KENNEL CLUB

NAME
DUCK MAN DUFFEY MH

NUMBER
SS12911301

BREED
ENGLISH SPRINGER SPANIEL

SEX
MALE

COLOR
BLACK & WHITE

DATE OF BIRTH
MAY 30, 2019

SIRE
LUKK FLASH-N-ROCKET
SR94203707 01-18 (AKC DNA V947770)

DAM
QUEENEE
SR95857802 01-18

BREEDER
GARY THYES

OWNER

DAVID BRASIER
6572 BIRCHWOOD SHORES LN
OCONTO FALLS WI 54154-9546



AMERICAN
KENNEL CLUB®

CERTIFICATE ISSUED
AUGUST 22, 2019

This certificate invalidates all previous certificates issued.

If a date appears after the name and number of the sire and dam, it indicates the issue of the Stud Book Register in which the sire or dam is published.

For Transfer Instructions, see back of Certificate.

This Certificate issued with the right to correct or revoke by the American Kennel Club.

REGISTRATION CERTIFICATE

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

DUCK MAN DUFFEY, MH
registered name

ENGLISH SPRINGER SPANIEL
breed

film/test/lab #

985112011537897
tattoo/microchip/DNA profile

2604137
application number

02/04/2025
date of report

RESULTS:

No radiographic evidence of hip dysplasia is present. The consensus evaluation is: EXCELLENT

SS12911301
registration no.

M
sex

05/30/2019
date of birth

67
age at evaluation in months



A Not-For-Profit Organization

EN-17696E67M-P-VPI
O.F.A. NUMBER

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

owner
DAVID BRASIER
6572 BIRCHWOOD SHORES LN
OCONTO FALLS WI 54154

OFA eCert



Verify QR scan

G.G. Keller DVM

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

www.ofa.org

This electronic OFA certificate was generated on: 02/04/2025

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@OFA.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@ofa.org
Phone number: 573-442-0418
Fax number: 573-875-5073



Orthopedic Foundation for Animals
 2300 E. Nibong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Email: ofa@ofa.org
 www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Call name: Duffey Coat color: Blk/Wht
 Registered name: Dave Max Duffey
 Breed: Springer Spaniel Sex: M
 ID Number (if any): Tattoo Microchip
986112011537897
 Registration Number: 5512911301 Other
 Date of Birth (mm/dd/yy): 053019 Date of Exam (mm/dd/yy): 090223

Owner Name: David Brasier Phone: _____
 Co-Owner Name: _____
 Owner Address: 6572 Birchwood Shores Ln
Quinto Falls State: MI Zip/postal code: 49134
 E-Mail (use both lines if needed): 5111wbcasier19@gmail

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.

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/tattoo on this dog
 I DID NOT verify microchip/tattoo 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: 9-2-25

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

Ophthalmologist Name: Dr. Gretchen M. Schmidt
 Ophthalmologist Address: Animal Eye Clinic
 City: EC 51 State: MI Zip/postal code: 49060
 Phone: 920-863-0650
 Email: _____

RIGHT EYE	GLOBE	LEFT EYE
<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"/> 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
<input type="checkbox"/> free float/rupt.	<input type="checkbox"/> single	<input type="checkbox"/> multiple
<input type="checkbox"/> UVEA	<input type="checkbox"/> uveal cyst	<input type="checkbox"/> iris coloboma
<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> multiple
<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> LENS	<input type="checkbox"/> iris to iris
<input type="checkbox"/> anterior cortex	<input type="checkbox"/> posterior cortex	<input type="checkbox"/> equatorial cortex
<input type="checkbox"/> anterior sutures	<input type="checkbox"/> posterior sutures	<input type="checkbox"/> nucleus
<input type="checkbox"/> capsular	<input type="checkbox"/> generalized/complete	<input type="checkbox"/> resorbing/hypermature
<input type="checkbox"/> CATARACT	<input type="checkbox"/> CATARACT	<input type="checkbox"/> endothelial opacity/no strands
<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"/> free float/rupt.	<input type="checkbox"/> geographic
<input type="checkbox"/> detached	<input type="checkbox"/> folds	<input type="checkbox"/> retinal detachment
<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/> coloboma	<input type="checkbox"/> retinal atrophy — generalized
<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> micropapilla	<input type="checkbox"/> CMR/CMR-like retinopathy
<input type="checkbox"/> other presumed inherited retinopathy	<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> other presumed inherited retinopathy
<input type="checkbox"/> folds	<input type="checkbox"/> geographic	<input type="checkbox"/> detached

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments _____

Unlisted conditions suspected as not inherited _____

ANTICAMBIUM

ant. chamber syneresis

posterior Y-suture tip opacities subluxation/luxation

VITREOUS

PHPV/PHTVL persistent hyaloid artery degeneration

syneresis ant. chamber

Significance Unknown/Suspect Not Inherited

Comments

NORMAL