


Rasse		AUSTRALIAN SHEPHERD		ÖHQB/ASH 2403/REG	
Name		CASA DE FILLER KIND HEARTED KIMBRA		ÖHQB-Jahrgang 2014	
Zuchtstätte		CASA DE FILLER ...		Chip Code: 040098100390012	
Züchter		DI SABINA ACHTIG & WERNER FILLER A-3931 SCHWEIGGERS, GROSSREICHENBACH 17			
Vater		Großeltern		Ururgroßeltern	
WESTERN RECALL'S I'LL WALK THE LINE OF CASA DE FILLER		HOF VCH WTCH CH GABRIELINO'S CHARLIE CHAPLIN ASCA E60629		CASA BUENA CADILLAC JACK ASCA E38483	
ÖHQB/ASD 510/REG		SPRING FEVER'S WALK ABOUT AKC DL83260607		WTCH GABRIELINOS GLORIA ASCA E36318	
Ö-CH, HD/ED/OD/PL-FREI, CEA/CL/HC/CMRI/CD(M)/DM(SOD1)-DNA-FREI, MDRI+/-, ECVO-AUGEN-FREI(14) BIS AUF KATARAKT PUNCTATA (mit 8a), BGH1, HWT				WTCH GOLD NUGGETS CONTENDER ASCA E48598	
				SPRING FEVER JAZZ MINN ASCA E53678	
				SILVER BIRCH THE REAL MCCOY AKC DL56950402	
				CH TOUCHSTONE THIRD DEGREE AKC DL49296103	
				FAIROAKS CHAVO AKC DL70502807	
				FAIROAKS AMIRA AKC DL56093708	
Mutter				WINDSONG'S HURRAH CAIN WT-CH ASCA E7860	
				DEHARO'S MIJHA ASCA E23559	
				INDIAN RUN'S CHARLIE LONGRIFLE ASCA E21195	
				QUATRO K BONANZA OF INDIAN RUN ASCA E28987	
				OXFORD'S MIDNIGHT EXPRESS ASCA E34732	
				OXFORD'S ROCK MTN HEARTACHE ASCA E54062	
				CH GITALONG'S HALF COCKED ASCA E34584	
				BLOOMING RED TILLY ROO ASCA E85602	

Der Züchter bestätigt hiermit die Richtigkeit obiger Angaben. Datum und Unterschrift:

Sabina Achig





Tierarztpraxis Mai

Garserstrasse 39
 A-3542 Gföhl
 Tel. +43 (0) 2716/6223
 Hdy. +43 (0) 664 5156341
 Fax +43 (0) 2716/76674
 Email: ingo.mai@aon.at
 Web: http://www.tierarzt-mai.at
 UID: ATU 18460109

RÖNTGENBEFUND- HÜFTGELENKSDYSPLASIE

Befunddatum:31.05.2016

Name: Casa de Filler Kind Hearted Kimbra

Geschlecht: weiblich

Rasse: Australian Shepherd

Wurfdatum: 17.09.2014

Besitzer: Sabina Achtig

Zuchtbuchnr: ÖHZZ/ASH 2403/REG Chip: 040098100390012

BECKENPFANNE:

	li	re		li	re		li	re
Gesamteindruck	tief <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	flach	<input type="checkbox"/>	<input type="checkbox"/>	vorderes 1/3 konkav	<input type="checkbox"/>	<input type="checkbox"/>
						bis über Mitte konkav	<input type="checkbox"/>	<input type="checkbox"/>
Craniale Kontur	o.B. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gleichmäßig breiter	<input type="checkbox"/>	<input type="checkbox"/>	unscharf	<input type="checkbox"/>	<input type="checkbox"/>
			lateral breiter	<input type="checkbox"/>	<input type="checkbox"/>	Sklerose	<input type="checkbox"/>	<input type="checkbox"/>
Craniolateraler Rand	o.B. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	abgeflacht	<input type="checkbox"/>	<input type="checkbox"/>	unscharf/aufgehellt	<input type="checkbox"/>	<input type="checkbox"/>
			Auflagerungen	<input type="checkbox"/>	<input type="checkbox"/>	horizontal	<input type="checkbox"/>	<input type="checkbox"/>

OBERSCHENKELKOPF:

	li	re		li	re		li	re
Größe und Form	o.B. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	zu klein	<input type="checkbox"/>	<input type="checkbox"/>	dorsal ggr. abgeflacht	<input type="checkbox"/>	<input type="checkbox"/>
						dorsal abgeflacht	<input type="checkbox"/>	<input type="checkbox"/>
						Randwulst/Exostosen	<input type="checkbox"/>	<input type="checkbox"/>

OBERSCHENKELHALS:

Struktur und Form	o.B. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	walzenförmig	<input type="checkbox"/>	<input type="checkbox"/>	dorsal unscharf konturiert	<input type="checkbox"/>	<input type="checkbox"/>
						dorsal ggr. Exostosen/Sklerose	<input type="checkbox"/>	<input type="checkbox"/>
						Exostosen/feine Morgan Linie	<input type="checkbox"/>	<input type="checkbox"/>
						Exostosen/breite Morgan Linie	<input type="checkbox"/>	<input type="checkbox"/>

GELENKSPALT:

	o.B. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ggr. Inkongruent	<input type="checkbox"/>	<input type="checkbox"/>	inkongruent	<input type="checkbox"/>	<input type="checkbox"/>
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FEMURKOPF-ZENTRUM:

	li	re		li	re		li	re
Medial der Pfannendachkontur	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	lateral davon	<input type="checkbox"/>	<input type="checkbox"/>	auf d. Pfannendachkont.	<input type="checkbox"/>	<input type="checkbox"/>



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UID: ATU 18460109

Casa de Filler Kind Hearted Kimbra, Australian Shepherd, weiblich, 040098100390012, geb :17.09.2014


NORBERG WINKEL (IN GRADEN):

BEURTEILUNG:

GESAMTBEURTEILUNG:

	li	re	links	rechts
= 105	O	O	O H D A O	
=100 + <105	O	O	O H D B C	
=95 + <100	O	O	O H D C O	
=90 + <95	O	O	O H D D O	
<90	O	O	O H D E O	

HD-frei



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e-mail: ingo.mai@aon.at



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 Web: http://www.tierarzt-mai.at
 UID: ATU 18460109

RÖNTGENBEFUND- OSTEOCHONDROSIS/ELBOGENGELENKSDYSPLASIE

Befund Datum : 31.05.2016

Name: Casa de Filler Kind Hearted Kimbra

Geschlecht: weiblich

Rasse: Australian Shepherd

Wurfdatum: 17.09.2014

Besitzer: Sabina Achtig

Zuchtbuchnummer: ÖHZB/ASH 2403/REG Chip: 040098100390012

SCHULTERGELENKE:

		li	re		li	re		li	re
<i>Caput humeri</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	abgeflacht	<input type="checkbox"/>	<input type="checkbox"/>	Zubildungen	<input type="checkbox"/>	<input type="checkbox"/>
				aufgehellt	<input type="checkbox"/>	<input type="checkbox"/>			

Bemerkungen: _____

ELBOGENGELENKE:

		li	re		li	re		li	re
<i>med. Condylus- anteil/Humerus</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	abgeflacht	<input type="checkbox"/>	<input type="checkbox"/>	aufgehellt	<input type="checkbox"/>	<input type="checkbox"/>
<i>Proc. Anconaeus</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unvereinigt	<input type="checkbox"/>	<input type="checkbox"/>	Zubildung bis 2 mm	<input type="checkbox"/>	<input type="checkbox"/>
							2-5mm	<input type="checkbox"/>	<input type="checkbox"/>
							>5 mm	<input type="checkbox"/>	<input type="checkbox"/>
<i>Proc. Coronoideus medialis</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unvereinigt	<input type="checkbox"/>	<input type="checkbox"/>	Kontur unregelmäßig unscharf	<input type="checkbox"/>	<input type="checkbox"/>
<i>Incisura semilunaris</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Sklerose	<input type="checkbox"/>	<input type="checkbox"/>
<i>Epicondylus humeri medial</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Zubildung bis 2mm	<input type="checkbox"/>	<input type="checkbox"/>
							2-5 mm	<input type="checkbox"/>	<input type="checkbox"/>
							>5 mm	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lateral</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Zubildung bis 2 mm	<input type="checkbox"/>	<input type="checkbox"/>
							2-5 mm	<input type="checkbox"/>	<input type="checkbox"/>
							>5 mm	<input type="checkbox"/>	<input type="checkbox"/>
<i>Radiusgelenkfläche</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Zubildung bis 2 mm	<input type="checkbox"/>	<input type="checkbox"/>
							2-5 mm	<input type="checkbox"/>	<input type="checkbox"/>
							>5 mm	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inkongruenz</i>	o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				ja	<input type="checkbox"/>	<input type="checkbox"/>

OCD SCHULTERGELENK

OCD ELBOGENGELENK

ELBOGENDYSPLASIE

	Li	re		li	re		li	re
o.B.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grad 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ja	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Verdacht	<input type="checkbox"/>	<input type="checkbox"/>
						Grad 1	<input type="checkbox"/>	<input type="checkbox"/>
						Grad 2	<input type="checkbox"/>	<input type="checkbox"/>
						Grad 3	<input type="checkbox"/>	<input type="checkbox"/>



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UID: ATU 18460109

Sehr geehrte(r) Frau

Sabina Achtig

bei ihrem Tier:

Casa de Filler Kind Hearted Kimbra, Australian Shepherd, weiblich, geboren am 17.09.2014 ,

Chipnummer 040098100390012 ,

konnte ich mittels klinischer und röntgenologischer Untersuchung keine krankhaften Veränderungen an

beiden Kniegelenken im Sinne einer Patellaluxation nachweisen.

Mit freundlichen Grüßen Dipl. Tzt. Ingo Mai


Dipl. Tzt. Ingo Mai
Garserstraße 39
Tel.: 02716 6223
Handy: 0664 5156341
e-mail ingo.mai@aon.at

Achtig, Sabina

Zertifikat

über den Gentest Degenerative Myelopathie (DM - Exon 2)

LABOKLIN-Befund-Nr.: 1504A15327
Hund: Australian Shepherd, weiblich, * 17.09.14
"Casa-De-Filler Kind Hearted Kimbra"
Zuchtbuch-Nummer: ASH 2403Reg/ÖHZB
Chip-Nummer: 040098100390012
Täto-Nummer: ---
Ergebnis DM - Exon 2: Genotyp N/N (frei)

LABOKLIN

LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & Co. KG
Steubenstr. 4 • 97688 Bad Kissingen
Tel. (09 71) 7 20 20 • Fax (09 71) 6 85 46

Bad Kissingen, 08-05-2015

Nur gültig mit Originalsiegel



Steubenstraße 4 • 97688 Bad Kissingen • Tel.: 09 71/7 20 20 • Fax: 09 71/6 85 46
Geschäftsführender Gesellschafter: LABOKLIN Verwaltungs-GmbH • RG: Schweinfurt HRA 3631
Bankverbindung:
Sparkasse Bad Kissingen IBAN: DE09 793 510 1000 311 596 19, SWIFT/BIC: BYLADEM1KIS,
BCEE Luxembourg IBAN: LU95 0019 1507 3600 5000, SWIFT/BIC: BCEEULLL,
Salzburger Sparkasse IBAN: AT43 2040 4012 0012 2762, SWIFT/BIC: SBGSAT2SXXX
e-Mail: info@laboklin.de • USt.ID DE206897824



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Die Verantwortung für die Richtigkeit der Angaben zu den eingesandten Proben liegt beim Einsender. Gewährleistungsverpflichtungen können nicht übernommen werden.
Schadensersatzverpflichtungen sind, soweit gesetzlich zulässig, auf den Rechnungswert der durchgeführten Untersuchung/en beschränkt.

Achtig, Sabina

Zertifikat

über den Gentest auf Neuronale Ceroid Lipofuscinose (NCL)

LABOKLIN-Befund-Nr.: 1504A15327

Hund: Australian Shepherd, weiblich, * 17.09.14
"Casa-De-Filler Kind Hearted Kimbra"

Zuchtbuch-Nummer: ASH 2403Reg/ÖHZB

Chip-Nummer: 040098100390012

Täto-Nummer: ---

Ergebnis NCL: Genotyp N/N (frei)

LABOKLIN

LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG
Steubenstr. 4 · 97688 Bad Kissingen
Tel. (09 71) 7 20 20 · Fax (09 71) 1 25 48

Bad Kissingen, 08-05-2015

Nur gültig mit Originalsiegel



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Geschäftsführender Gesellschafter: LABOKLIN Verwaltungs-GmbH · RG. Schweinfurt HRA 3631
Bankverbindung:
Sparkasse Bad Kissingen IBAN: DE09 793 510 1000 311 596 19, SWIFT/BIC: BYLADEM1KIS,
BCEE Luxembourg IBAN: LU95 0019 1507 3600 5000, SWIFT/BIC: BCEEULL,
Salzburger Sparkasse IBAN: AT43 2040 4012 0012 2762, SWIFT/BIC: SBGSAT2SXXX
e-Mail: info@laboklin.de · USt.ID DE206897824



Deutsche
Akkreditierungsstelle
D-PL-13186-01-00

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Die Verantwortung für die Richtigkeit der Angaben zu den eingesandten Proben liegt beim Einsender. Gewährleistungsverpflichtungen können nicht übernommen werden.
Schadensersatzverpflichtungen sind, soweit gesetzlich zulässig, auf den Rechnungswert der durchgeführten Untersuchungen beschränkt.



OPTIGEN® LLC

for the genetic advantage

Test Report

Sabina Achtig
Großreichenbach 17
Schweigergers, AT-3931
Austria

Optigen Accession #: 15-3455
LBKN#: 1504A15327
Report issued for: Casa-de-Filler
Kind Hearted Kimbra

OptiGen Test Certificate

Optigen Accession #: 15-3455

Test Completed: 04/29/2015

Report Issued: 04/29/2015

Test Performed: **cd(m) test**

Result: **Normal**

Sample Type: **DNA - Blood**

Registered Name: **Casa-de-Filler Kind Hearted Kimbra**

Reg#: **ASH 2403Reg/ÖHZB**

Breed: **Australian Shepherd**

ID#: **040098100390012**

Sex: **Female**

Date of Birth: **September 17, 2014**

Owner(s):

Sabina Achtig



Susan Feaske Kelling
OptiGen Authorized Signature

www.optigen.com

Genotype Test Results: Your dog is Normal for the Cone Degeneration (CD) mutation that is known to occur in Alaskan Malamutes, Australian Shepherds and other breeds.

Risk for developing this type of CD: Will never develop this type of CD.

Significance for breeding: Can be bred to any mate and will produce no pups affected by this type of CD.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing CD (Cone Degeneration) in Alaskan Malamutes, Australian Shepherd and other breeds as of the date on this report.

For further information, please consult the OptiGen website at www.optigen.com.

International DNA Based Genetic Database: To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. www.ofa.org

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative: _____

Cornell Business & Technology Park

tel: 607.257.0301

fax: 607.257.0353

767 Warren Road, Suite 300, Ithaca, NY 14850

email: genetest@optigen.com

web: www.optigen.com



OPTIGEN® LLC

for the genetic advantage

Test Report

Sabina Achtig
Großreichenbach 17
Schweiggen, AT-3931
Austria

Optigen Accession #: 15-3455
LBKN#: 1504A15327
Report issued for: Casa-de-Filler
Kind Hearted Kimbra

OptiGen Test Certificate

Optigen Accession #: 15-3455

Test Completed: 05/01/2015
Report Issued: 05/01/2015

Test Performed: CEA/CH test

Result: Normal
Sample Type: DNA - Blood

Registered Name: Casa-de-Filler Kind Hearted Kimbra

Reg#: ASH 2403Reg/ÖHZB

Breed: Australian Shepherd

ID#: 040098100390012

Sex: Female

Date of Birth: September 17, 2014

Owner(s):

Sabina Achtig



Susan Pearson Kelling
OptiGen Authorized Signature

www.optigen.com

Test Results: Genotype of your dog is **NORMAL/CLEAR**.

Risk for developing Collie Eye Anomaly/Choroidal Hypoplasia (CEA/CH): This dog will never develop CEA/CH.

Significance for breeding: This dog can be bred to any mate and will produce no pups affected with CEA/CH.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing CEA/CH in Australian Shepherds as of the date on this report.

For further information, please consult the OptiGen website at www.optigen.com. Note: The use of this test is patent protected and licensed to OptiGen. See http://www.optigen.com/opt9_patent.html for details.

International DNA Based Genetic Database: To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. www.ofa.org

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

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767 Warren Road, Suite 300, Ithaca, NY 14850

email: genetest@optigen.com

web: www.optigen.com



Sloven s.r.o. , Diagnostické laboratórium, Dúbravská cesta 21,
841 04 Bratislava 4,tel: 02/ 59307434, mobil: 0905 550 916

PROTOCOL OF DNA ANALYSIS FOR DETECTION OF INHERITED DISEASES

Submitter of analysis: Sabina ACHTIG
Grossreichenbach 17
3931 Schweiggers, AT

Date of sampling: 07.04.2015
Date of samples receipt: 15.04.2015
Date of analysis: 17.04.2015

Breed/name	Tattoo or RFID id/ Certificate of origin	Laboratory code	Type of analysis	Result
Australian Shepherd / Casa De Filler Kind Hearted Kimbra	0400 9810 0390 012	150415/L1135	CMR1	N/N Non-affected

The results of analysis are stored in a database under the lab code 150415/L1135.

Hints:

CMR1 - Canine Multifocal Retinopathy – is an autosomal recessive eye disorder. This disease is caused by C73T mutation in exon 2 of VMD2 gene. The mutation causes forming of premature stop codon in position 25 (R25X).

CMR1 N/N – homozygous individual non-affected are genetically clear.

CMR1 N/A – heterozygous carrier are clinically without any symptoms. They are genetically considered carriers of the disease, disease is transmitted to offspring.

CMR1 A/A – homozygous affected individual

Notice: This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the above mentioned disease. No information regarding the customer as well as purpose and results of the analysis will be provided to third parties.

In Bratislava 17.04.2015
Ing. Marcela Bielíková, PhD.



Sloven s.r.o. , Diagnostické laboratórium, Dúbravská cesta 21,
841 04 Bratislava 4,tel: 02/ 59307434, mobil: 0905 550 916

DNA ANALYSIS PROTOCOL FOR DETECTION OF HEREDITARY DISEASES

Submitter of analysis: Sabina ACHTIG
Grossreichenbach 17
3931 Schweiggers, AT

Date of sampling: 07.04.2015
Date of samples receipt: 15.04.2015
Date of analysis: 27.04.2015

Breed/name	Tattoo or RFID id/ Certificate of origin	Laboratory code	Type of analysis	Result
Australian Shepherd / Casa De Filler Kind Hearted Kimbra	0400 9810 0390 012	150415/L1135	HSF4/HC	N/N Non-affected

The results of analysis are stored in a database under the lab code 150415/L1135.

Hints:

HSF4 (HC) – Hereditary cataract – deletion/insertion 1 bp in exon 9 of HSF4-gene (Heat shock factor protein 4).

HSF4/HC N/N – NON-AFFECTED (NORMAL), Both genes, inherited from both male and female are unaffected.

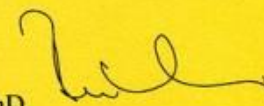
HSF4/HC N/A – CARRIER, confirmed heterozygous N/A genotype. Mutation can be transmitted to offspring.

HSF4/HC A/A – AFFECTED by the disease.

The HC disorder in Australian Shepherds has an autosomal dominant mode of inheritance, however with incomplete penetrance, the disease may not develop in every carrier of this deletion. The probability that the binocular HC develops in individuals with one copy of deletion (carriers) is approximately 17 times higher than in dogs clear of the deletion mutation (Mellersh et al. 2009).

Notice: This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the above mentioned disease. No information regarding the customer as well as purpose and results of the analysis will be provided to third parties.

In Bratislava 27.04.2015
Ing. Marcela Bielíková, PhD.





Slovgen s.r.o. , Diagnostické laboratórium, Dúbravská cesta 21,
841 04 Bratislava 4,tel: 02/ 59307434, mobil: 0905 550 916

PROTOCOL OF DNA ANALYSIS FOR DETECTION OF INHERITED DISEASES

Submitter of analysis: Sabina ACHTIG Date of sampling: 07.04.2015
Grossreichenbach 17 Date of samples receipt: 15.04.2015
3931 Schweigergers, AT Date of analysis: 27.04.2015

Breed/name	Tattoo or RFID id/ Certificate of origin	Laboratory code	Type of analysis	Result
Australian Shepherd / Casa De Filler Kind Hearted Kimbra	0400 9810 0390 012	150415/L1135	HUU	N/N Non-affected

The results of analysis are stored in a database under the lab code 150415/L1135.

Hints:

HUU - Hyperuricosuria

Hyperuricosuria is an autosomal recessive inherited disease, characterised by excessive excretion of uric acid into the urine, leading to formation of uric acid stones. Hyperuricosuria in dogs is caused by single nucleotide exchange of c.G563T (p.C188F) in SLC2A9 gene (gene for urate transport) (Bannasch et al. 2008)

HUU N/N – homozygous individual (non-affected) are genetically clear.

HUU N/A– heterozygous (carrier) are clinically without any symptoms. They are genetically considered carriers of the disease, disease is transmitted to offspring..

HUU A/A – homozygous affected individual (affected)

Notice: This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the above mentioned disease. No information regarding the customer as well as purpose and results of the analysis will be provided to third parties.

In Bratislava 27.04.2015

Ing. Marcela Bielíková, PhD.



Slovgen s.r.o. , Diagnostické laboratórium, Dúbravská cesta 21,
841 04 Bratislava 4,tel: 02/ 59307434, mobil: 0905 550 916

DNA ANALYSIS PROTOCOL FOR DETECTION OF HEREDITARY DISEASES

Submitter of analysis: Sabina ACHTIG Date of sampling: 07.04.2015
Grossreichenbach 17 Date of samples receipt: 15.04.2015
3931 Schweigergers, AT Date of analysis: 16.04.2015

Breed/name	Tattoo or RFID id/ Certificate of origin	Laboratory code	Type of analysis	Result
Australian Shepherd / Casa De Filler Kind Hearted Kimbra	0400 9810 0390 012	150415/L1135	MDR1	N/N (+/+) Non-affected

The results of analysis are stored in a database under the lab code 150415/L1135.

Hints:

MDR1-Multidrug resistance gene - nt230(del4), (autosomal recessive)

MDR1 +/+ or N/N (non-affected): Both genes, inherited from both mother and father are undamaged (healthy).

MDR1 +/- or N/P (carrier): Subjects with confirmed heterozygous genotype are carriers. Defective gene can be transmitted to offspring.

Unwanted side effects are unlikely to occur but cannot be excluded.

MDR1 -/- or P/P (affected): Particular caution is necessary in case an individual is diagnosed MDR1 -/- genotype. Treatment with certain drugs in this case can cause significant problems in some cases lethal neurotoxic reaction.

Notice: This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the above mentioned disease. No information regarding the customer as well as purpose and results of the analysis will be provided to third parties.

In Bratislava 16.04.2015

Ing. Marcela Bielíková, PhD.





Sloven s.r.o. , Diagnostické laboratórium, Dúbravská cesta 21,
841 04 Bratislava 4,tel: 02/ 59307434, mobil: 0905 550 916

DNA ANALYSIS PROTOCOL FOR DETECTION OF HEREDITARY DISEASES

Submitter of analysis: Sabina ACHTIG
Grossreichenbach 17
3931 Schweiggers, AT

Date of sampling: 07.04.2015
Date of samples receipt: 15.04.2015
Date of analysis: 21.04.2015

Breed/name	Tattoo or RFID id/ Certificate of origin	Laboratory code	Type of analysis	Result
Australian Shepherd / Casa De Filler Kind Hearted Kimbra	0400 9810 0390 012	150415/L1135	PRA-prcd	N/N non-affected

The results of analysis are stored in a database under the lab code 150415/L1135.

Hints:

PRA-prcd - Progressive retinal atrophy (autosomal recessive)

PRA-prcd N/N – healthy subject – non-affected. Both genes, inherited from both male and female are unaffected. That means that the subject has both alleles healthy.

PRA-prcd N/A – carrier. Subjects with confirmed heterozygous N/A genotype are carriers. Gene mutation can be transmitted to offspring.

PRA-prcd A/A – affected subject. The subject is a homozygote with A/A genotype, which inherited the affected allele from both parents and thus is affected by the disease.

Notice: This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the above mentioned disease. No information regarding the customer as well as purpose and results of the analysis will be provided to third parties.

In Bratislava 21.04.2015

Ing. Marcela Bielíková, PhD.



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841 04 Bratislava 4,tel: 02/ 59307434, mobil: 0905 550 916

PROTOCOL OF DNA ANALYSIS FOR DETECTION OF INHERITED DISEASES

Submitter of analysis: Sabina ACHTIG
Grossreichenbach 17
3931 Schweiggers, AT

Date of sampling: 07.04.2015
Date of samples receipt: 15.04.2015
Date of analysis: 27.04.2015

Breed/name	Tattoo or RFID id/ Certificate of origin	Laboratory code	Type of analysis	Result
Australian Shepherd / Casa De Filler Kind Hearted Kimbra	0400 9810 0390 012	150415/L1135	MH	N/N Non-affected

The results of analysis are stored in a database under the lab code 150415/L1135.

Hints:

MH- Malignant hyperthermia – autosomal dominant disorder. In dogs, the C>T-substitution was found as the causative mutation leading to substitution of the valine to alanine amino acids at position 547 (p.Val547Ala). Mutation is not bound to specific breeds (Brunson et al. 2004.)

MH N/N – healthy subject – non-affected. Both genes, inherited from both male and female are unaffected. That means that the subject has both alleles healthy.

MH N/A – heterozygote – affected. Only one copy of the mutated gene is sufficient for development of clinical signs. In case of affected animal the risk of transfer to the offsprings is 50%.

Notice: This protocol applies exclusively to the sample and the data that were supplied by the submitter. DNA analysis concerns only the above mentioned disease. No information regarding the customer as well as purpose and results of the analysis will be provided to third parties.

In Bratislava 27.04.2015

Ing. Marcela Bielíková, PhD.





Österreichischer Verein für Deutsche Schäferhunde

OG 96 Groß Siegharts

URKUNDE

Sabina ACHTIG

Hundeführer / Hundeführerin

hat mit

CASA DE FILLER KIND HEARTED KIMBRA

Hund / Hündin

die Prüfung **3H**

mit **/** Punkten

bestanden

und der Bewertung **/** abgelegt.

Karl Klingenbrunner
Leistungsrichter

Christian Bigl
Prüfungsleiter

18. Juni 2016
Groß Siegharts



Österreichischer Kynologenverband

IHR PARTNER IN HUNDEFRAGEN

ASA SOMMER CLUBSHOW

Rasse	AUSTRALIAN SHEPHERD	Katalog-Nr.	33	Ring-Nr.	
Name des Hundes	CASADEFULLER KIND HEARTED KIMBRA	Geschlecht	HÜNDIN		
Zuchtbuch-Nr.	ASH2403/REG.	Wurf-Datum	17.09.2014	Klasse	OFFENE
Besitzer	DI ACHTIG SABINA	Datum	30.7.2017		

BESCHREIBUNG	BEWERTUNG
<p>g-size</p> <p>I prefer better type</p> <p>g. body</p> <p>can part & rear</p> <p>was well</p> <p>Besondere Titel:</p>	<p>vorzüglich <input type="checkbox"/></p> <p>sehr gut <input checked="" type="checkbox"/> 3</p> <p>gut <input type="checkbox"/></p> <p>genügend <input type="checkbox"/></p> <p>disqualifiziert <input type="checkbox"/></p> <p>ohne Bewertung <input type="checkbox"/></p>
	<p>Jugendbeste/r <input type="checkbox"/></p> <p>CACA <input type="checkbox"/></p> <p>Res. CACA <input type="checkbox"/></p> <p>CACIB <input type="checkbox"/></p> <p>Res. CACIB <input type="checkbox"/></p> <p>BOB <input type="checkbox"/></p> <p>BOS <input type="checkbox"/></p> <p>Veteranensieger <input type="checkbox"/></p> <p>Res. Veteranensieger <input type="checkbox"/></p> <p>ohne Titel <input type="checkbox"/></p>
	<p>Jüngstenklasse:</p> <p>vielversprechend <input type="checkbox"/></p> <p>versprechend <input type="checkbox"/></p> <p>nicht entsprechend <input type="checkbox"/></p>

Name des Richters

Unterschrift des Richters

IONESCU AUGUSTIN

