



VetGen
Veterinary Genetic Services

DNA Analysis Report

Test	vWD Type I - Pembroke Welsh Corgi
Animal Name	Wendt Worths Enchanted Meagan
Registration Number	DN18421408
Breed	Pembroke Welsh Corgi
Result	Clear
Report Number	60980
Report Date	02/04/2010
Customer	Wendy Wendt

This DNA test is for the mutation typically found to cause the disease in this breed.

Findings reviewed and approved by:

George J. Brewer

Dr. George J. Brewer

Please visit the "Current Services" list on our website at
www.VetGen.com
for helpful information regarding this type of test result.

3728 Plaza Drive, Suite One, Ann Arbor MI 48108 USA
800-483-8436 USA 734-669-8440 734-669-8441 FAX email: vetgen@vetgen.com

Pet Profile Number:



0001068576

Date of Test: 08/08/2008
Date of Certificate: 09/25/2008

Canine

PAWSITIVE I.D.TM CERTIFICATE OF GENOTYPING



BUCKEYES ENCHANTED MEAGAN

Pet Name:	2007-06-01
Date of Birth:	Canine
Pet Type:	Pembroke Welsh Corgi
Breed:	Female
Sex:	No
Spayed/Neutered:	SABLE
Coat Color:	BROWN
Eye Color:	30
Weight:	No
Microchip:	No
Microchip Type:	
Microchip Number:	
Registry:	Yes
Registry Name:	AKC
Registry Number:	DN18421408

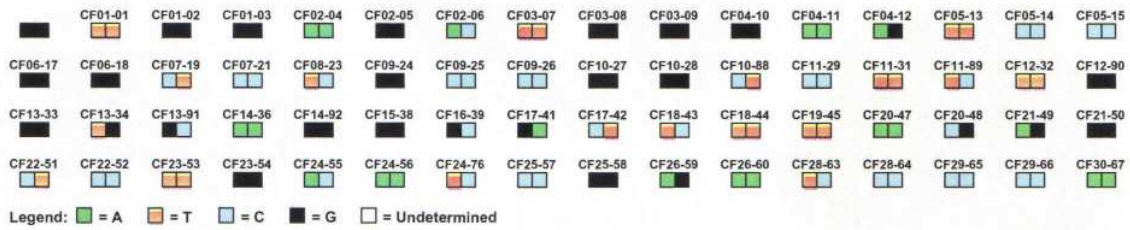
Vet Name:
Clinic:
Address:
Phone:
Fax:

Wendy Wendt
20601 Eastwood Ave
Fairview Park, OH 44126



The following genotyping results were produced using the VeriSNP(TM) Universal Genetic Evaluation process:

Genetic Fingerprint:



Screened Diseases:

TEST # 1	MYOTONIA CONGENITA	Negative
TEST # 2-A	PROGRESSIVE RETINAL ATROPHY (RCD-3)	Negative
TEST # 2-B	PROGRESSIVE RETINAL ATROPHY (PRAG)	Negative
TEST # 2-C	PROGRESSIVE RETINAL ATROPHY (RCD1-cGMP)	Negative
TEST # 3	HYPOTHYROIDISM	Negative
TEST # 4	CANINE LEUCOCYTE ADHESION DEFICIENCY	Negative
TEST # 5-A	NEURONAL CEROID LIPOFUSCINOSES (CLN2-TPP1)	Negative
TEST # 5-B	NEURONAL CEROID LIPOFUSCINOSES (CLN8)	Negative
TEST # 5-C	NEURONAL CEROID LIPOFUSCINOSES (CLN5_B_C)	Negative
TEST # 6	CYSTINURIA	Negative
TEST # 7	NARCOLEPSY	Negative
TEST # 8	MUSCULAR DYSTROPHY	Negative
TEST # 9	GLOBOID CELL LEUCODYSTROPHY	Negative
TEST # 10-A	VON WILLEBRAND DISEASE (vW_1)	Negative
TEST # 10-B	VON WILLEBRAND DISEASE (vW_KOOIKER)	Negative
TEST # 11-A	GM1 GANGLIOSIDOSIS (GM1_portug)	Negative
TEST # 11-B	GM1 GANGLIOSIDOSIS (GM1_shiba))	Negative
TEST # 12	MUCOPOLYSACCHARIDOSIS TYPE VII	Negative
TEST # 13	HEMOPHILIA B	Negative
TEST # 14	PHOSPHOFRUCTOKINASE DEFICIENCY	Negative
TEST # 15-A	SEVERE COMBINED IMMUNODEFICIENCY (SCIW)	Negative
TEST # 15-B	SEVERE COMBINED IMMUNODEFICIENCY (SCIX)	Negative
TEST # 15-C	SEVERE COMBINED IMMUNODEFICIENCY (SCID)	Negative
TEST # 16	THROMBASTHENIC THROMBOPATHIA	Negative
TEST # 17	CONE DEGENERATION	Negative
TEST # 18	RETINAL DYSTROPHY	Negative

IF A RESULT IS LISTED AS POSITIVE OR CARRIER, SEE INTERPRETIVE GUIDE FOR FURTHER GUIDANCE.

Physical Attributes:

TEST # A	YELLOW	--	Does Not Carry
TEST # B	MELANISTIC MASK	--	Does Not Carry
TEST # C	AGOUTI (A82S)	+ -	Heterozygous
TEST # D	AGOUTI (R96C)	--	Does Not Carry
TEST # E	DILUTE COAT COLOR	--	Does Not Carry
TEST # F	BROWN	--	Does Not Carry
TEST # G	BROWN	--	Does Not Carry
TEST # H	BROWN	--	Does Not Carry

NOTE: The above listed disease and physical traits can be breed specific and are possibly found in the affected breed. However, it is possible that other breeds may test Positive or Carrier for the screened tests. Please refer to the Interpretive Guide included with this test for a detailed definition of the test and listing of the commonly affected breeds.

I, Wendy Wendt _____ (Previous Owner) hereby transfer ownership in the Dog / Cat described on this document and any/all information in the Pawsitive I.D.(tm) database to _____ (New Owner),
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Email _____
 By (Previous Owner Signature) _____ Date _____

To obtain an updated certificate, send this original certificate with the above transfer information filled out along with a transfer fee of \$12.00 to: Pinpoint DNA Technologies, Inc, P.O. Box 19975, Atlanta, GA 30325