

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SAFARI'S CHARLESTON, GCH, CH
registered name

PR27780601
registration no.

POODLE, STANDARD
breed

F
sex

film/test/lab #

11/02/2023
date of birth

956000018101910
tattoo/microchip/DNA profile

24
age at evaluation in months

2670966
application number

11/24/2025
date of report



A Not-For-Profit Organization

PO-36509G24F-P-VPI
O.F.A. NUMBER

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

RESULTS:

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

owner
CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK IL 61725

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: 11/24/2025

This certification can be verified on the OFA website by entering the animal'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, INC.

SAFARI'S CHARLESTON, GCH, CH
registered name

POODLE, STANDARD
breed

04093160
film/test/lab #

956000018101910
tattoo/microchip/DNA profile

2670966
application number

12/31/2025
date of report

RESULTS:

Based on the laboratory results submitted, no evidence of thyroid disease was recognized.

PR27780601
registration no.

F
sex

11/02/2023
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

PO-TH6896/24F-VPI
O.F.A. NUMBER

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NORMAL

owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK IL 61725

OFA eCert



Verify QR scan

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

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ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SAFARI'S CHARLESTON, GCH, CH
registered name

POODLE, STANDARD
breed

film/test/lab #

956000018101910
tattoo/microchip/DNA profile

2670966
application number

11/19/2025
date of report

RESULTS:

Normal cardiovascular examination via auscultation - No evidence of congenital or acquired heart disease was noted. Since acquired heart disease may develop later, these evaluation results remain valid for one year, and annual examinations are recommended to continue to monitor cardiac health.

PR27780601
registration no.

F
sex

11/02/2023
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

PO-BCA7413/24F/P-VPI
O.F.A. NUMBER

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NORMAL/CLEAR - PRACTITIONER

owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK IL 61725

OFA eCert



Verify QR scan

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

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Fax number: 573-875-5073



Micah Halpern
Micah Halpern, PhD
 Principal Scientist

Mary Simonson
Mary Simonson
 Laboratory Manager

CERTIFICATE OF RESULTS FOR SAMPLE ID #:

522608

OWNER'S NAME: JOEL HAEFNER
PET'S NAME*: GCH SAFARI'S CHARLESTON
PET'S REGISTRATION #: PR 27780601
PET'S BREED: STANDARD POODLE
DATE TESTED: 12/27/2025

TEST	RESULT**	TEST RESULT EXPLANATION***
Degenerative Myelopathy (DM)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop degenerative myelopathy.
Neonatal Encephalopathy (NE)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop neonatal encephalopathy.
Progressive Rod-Cone Degeneration (PRA-PRCD)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop progressive rod cone degeneration.
Von Willebrand's Disease Type I (VWD1)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop von Willebrand's type I disease.
B Locus (B LOCUS)	B	(CARRIER/NOT AFFECTED): These dogs have one copy of the normal gene and one copy of the mutation associated with brown/chocolate/liver coloring. They will have a black-based coat, black nose and black footpads.

*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

**All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

***For detailed result explanation visit www.gensoldx.com. Please consult a licensed veterinarian to discuss the implications.

125 North Main Street Unit 1846, Clayton, GA 30525
 1-844-369-3686 - info@Gensoldx.com - www.gensoldx.com

FAST - ACCURATE - AFFORDABLE



Micah Halpern
Micah Halpern, PhD
 Principal Scientist

Mary Simonson
Mary Simonson
 Laboratory Manager

CERTIFICATE OF RESULTS FOR SAMPLE ID #:

522608

OWNER'S NAME: JOEL HAEFNER
PET'S NAME*: GCH SAFARI'S CHARLESTON
PET'S REGISTRATION #: PR 27780601
PET'S BREED: STANDARD POODLE
DATE TESTED: 12/27/2025

TEST	RESULT**	TEST RESULT EXPLANATION***
PROGRESSIVE RETINAL ATROPHY ROD-CONE DYSPLASIA 4 (PRA-RCD4)	A	A (CLEAR/NORMAL): These dogs have two copies of the normal gene and will neither develop Progressive Retinal Atrophy Rod-Cone Dysplasia 4 nor pass this mutation to their offspring.

*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. **IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND.** Any claim must be asserted within one year of the report of test results.

**All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

***For detailed result explanation visit www.gensoldx.com. Please consult a licensed veterinarian to discuss the implications.

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FAST - ACCURATE - AFFORDABLE



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Email: ofa@ofa.org

www.ofa.org, A not-for-profit organization

Call name: Jolie	Coat Color: Black
Registered name: CH SAFARI'S CHARLESTON	
Breed: STANDARD POODLE	Sex: F
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	
9 5 0 0 0 0 1 8 1 0 1 9 1 0	
Registration Number: PR 27780601	<input checked="" type="checkbox"/> AKC <input type="checkbox"/> Other
Date of Birth (mm/dd/yy): 11/02/23	Date of Exam (mm/dd/yy): 03/21/26
Owner Name: CYNTHIA HOFF	
Co-Owner Name: JOEL HAEFNER	Phone: (309) 8240601
Owner Address: 2294 E 2250 NORTH RD.	
City: CARLOCK	State: IL Zip/postal code: 61725
E-Mail (use both lines if needed): cahuff@ilstu.edu	

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: _____
 Ophthalmologist Address: **Dr. Melissa Kubai EC519**
 City: **Iowa State University** State: **IA** Zip/postal code: _____
 Phone: **Veterinary Medical Center 515-291-4900**
 Email: _____

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
EYELIDS		
<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"/>
NICITANS		
<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"/>
CORNEA		
<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"/>
UVEA		
<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"/>	pigmentary uveitis	<input type="checkbox"/>
persistent pupillary membranes		
LENS		
<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 Unknown/Suspect Not Inherited	<input type="checkbox"/>
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy — generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
OTHER CONDITIONS		
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

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.

Jessie
 Signature of owner or authorized agent/representative

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 # **EC519** Date: **3/21/26**
 Diplomat, American College of Veterinary Ophthalmologists

FEEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



OFA CANINE HEALTH INFORMATION CENTER

SAFARI'S CHARLESTON, GCH, CH
registered name

PR27780601
registration no.

POODLE, STANDARD
breed

F 11/02/2023
sex date of birth

956000018101910
tattoo/microchip/DNA profile

04/03/2026
date of report

CHIC#: 217616

REQUIRED TESTS

BASIC CARDIAC	OFA	PO-BCA7413/24F-P-VPI	11/17/2025
HIPS	OFA	PO-36509G24F-P-VPI	11/17/2025
THYROID	OFA	PO-TH6896/24F-VPI	11/17/2025
EYES	OFA	PO-EYE14554/28F-VPI	03/21/2026

owner

CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK IL 61725

OFA eCert



with QR scan

G.G. Keller DVM

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

www.ofa.org

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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, INC.

SAFARI'S CHARLESTON, GCH, CH
registered name

POODLE, STANDARD
breed

939193
film/test/lab #

956000018101910
tattoo/microchip/DNA profile

2670966
application number

04/03/2026
date of report

RESULTS:

Based upon the exam dated 03/21/2026, this animal has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

PR27780601
registration no.

F
sex

11/02/2023
date of birth

28
age at evaluation in months



A Not-For-Profit Organization

PO-EYE14554/28F-VPI
O.F.A. NUMBER

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NORMAL

owner

**CYNTHIA HUFF
JOEL HAEFNER
2294 E 2250 NORTH RD
CARLOCK IL 61725**

OFA eCert



Verify QR scan

G.G. Keller, DVM

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

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