



Fisher Link ~ Italian Greyhound Veterinary Health Report Form



The puppy's wellness examination, the Veterinary Health Report (Included Here), a Health Certificate, and a fecal exam shall all be completed by our veterinarian 3-5 days prior to your puppy's departure date. All paperwork shall be emailed to the Buyer immediately upon completion of your puppy's examination (no later than 72 hours prior to travel). Photos shall be included for any visible health issues (including inside the mouth).

Name Angel (Ann) Girl 1

Breed Italian Greyhound

Blue&white

Color _____

Gender Male Female

Date of Birth April 17, 2026

Body Condition Score 1 2 3 4 5 6 7 8 9
(Circle a number) TOO THIN IDEAL TOO HEAVY

Weight (lbs/oz) 5 lbs 0 oz

Temp. (F) / Pulse (BPM) 101.0 / 140

CARDIOVASCULAR YES NO GRADE
Heart Murmur _____
Additional Details _____
Respiratory Rate (BPM) _____

RESPIRATORY YES NFB NO
Coughing/Congestion
Stenotic Nares
Additional Details _____

EARS YES NO BILATERAL
Abnormal Debris/Discharge
Ear Mites
Signs of Infection
Hearing Difficulties
Additional Details _____

UROGENITAL YES NO
Redundant Vulva
Undescended
Testicles/Cryptorchid
Additional Details _____

GASTROINTESTINAL YES NO
History of Vomiting
History of Diarrhea
Additional Details _____

REQUIRED FECAL FLOTATION TEST BY VETERINARIAN

Date Given _____

Results _____

Medications Administered _____

Additional DX/TX/RX? _____

Christopher Cole 6/10/24
VETERINARIAN SIGNATURE DATE

Christopher Cole
VET PRINTED NAME

352 340 0720 044792
VET PHONE NUMBER APHIS#

SKIN AND COAT YES NO
Fleas/Ticks
Alopecia
Signs of Infection
Additional Details _____

EYES YES NO BILATERAL
Abnormal Discharge
Vision Problems
Eyelash Disorders
Cherry Eye
Additional Details _____

MOUTH, TEETH, GUMS YES NO SIZE(CM)
Malocclusion _____
BITE OVER UNDER NFB

Additional Details _____

MUSCULOSKELETAL YES NO BILATERAL
Umbilical Hernia
Inguinal Hernia
Hip Pain GRADE
Unilateral Patellar Lux. _____
Bilateral Patellar Lux. _____

Open Fontanelle _____
Additional Details _____

Hist. of Past Surgery? No

Explain Any Abnormalities _____

BREEDER SIGNATURE DATE

Fisher Link Development LLC - Rich Matassa & Michelle Carlin
BREEDER PRINTED NAME

PUPPY ID NUMBER REGISTRATION NUMBER MICROCHIP NUMBER



Fisher Link ~ Italian Greyhound Vaccination & Deworming Report



For vaccines administered in a series (such as core puppy vaccinations), each dose must be given no more than 4 Weeks (28 days) apart to ensure proper immunity development.

Please note: While we understand individual veterinarians may follow different practices, all puppies must meet vaccination protocol to be eligible for travel. For example, rabies must be administered no later than 12 weeks of age-even for small breeds-if required by state or transport regulations. Following these guidelines helps avoid delays, disputes, and ensures a smooth process for both the breeder and buyer.

AGE	REQUIRED	OPTIONAL
6-8 Weeks	DHPP OR DA2PPV	Bordatella
10-12 Weeks	DA2PPV	Leptospirosis, Bordatella, Lyme Disease
12-24 Weeks (depending on breeder's state law)	Rabies	
14-16 Weeks	DA2PPV	Leptospirosis, Bordatella, Lyme Disease
18-20 Weeks	DHPP	
1 Year	DHPP / Rabies	
3 Years	DHPP / Rabies	

Deworming History

If any of these do not apply to your veterinary protocol, please indicate "too young" or "N/A".

DATE ADMINISTERED	PRODUCT NAME AND MANUFACTURER	DOSE
05/07/2026	Nemex 2 2.85 LBS #x004isldph	1.7 CC
05/26/26	Nemex 2 3.1 LB #x004isldh	1.88 CC

ADMINISTERED DATE OF VACCINE (EX. 09/19/18)	ROUTE (IN/SQ)	INITIALS OF ADMINISTRATOR	MANUFACTURER	LOT NUMBER/STICKER	VACCINATIONS
05-29-2026	1.0cc sq	Michelle Carlin, RN	Canine Spectra 5 One BG102777X - E279754	Dose DA2PPV - exp. 16 FEB 2027	Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Bordetella (At your veterinarian's discretion)
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Corona (At your veterinarian's discretion)
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Corona (At your veterinarian's discretion)
					Rabies (must be administered by your veterinarian)
					Bordetella (At your veterinarian's discretion)

PLEASE ATTACH REGISTRATION PAPERWORK

Your puppy will not be cleared to travel without a completed registration document.

Fisher Link Development LLC - Richard Matassa & Michelle Carlin
BREEDER NAME

PUPPY ID NUMBER

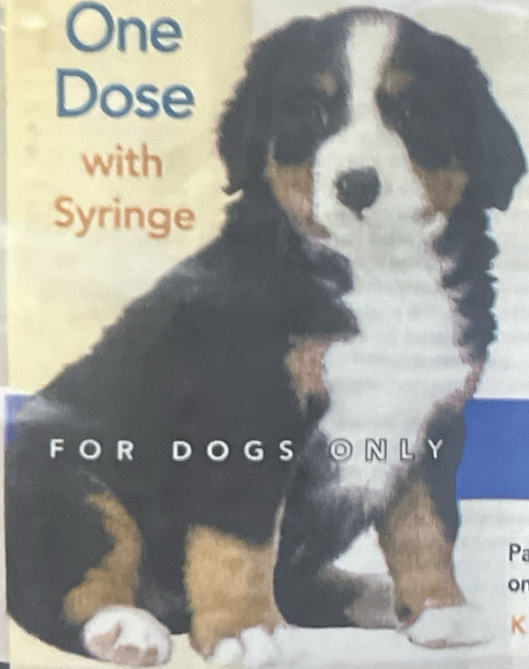


microPharma

KEEP IN REFRIGERATOR

BIO-IDEAL

One Dose
with Syringe



FOR DOGS ONLY

Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine

Modified Live Virus

Canine Spectra 5

Package contains a one dose vial of vaccine, a one mL vial of diluent, & one disposable syringe

KEEP PRODUCT REFRIGERATED



MADE IN THE USA



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)

Call name: Angel (Ann) Coat Color: Blue/white

Registered name: _____

Breed: Italian Greyhound Sex: R

ID Number (if any): _____ Tattoo Microchip

956000019915184

Date of Birth (mm/dd/yy): _____ Date of Exam (mm/dd/yy): _____

Owner Name: Michelle Curlin

Co-Owner Name: Fisher Link Develop Phone: 352515648

Owner Address: 1321 Montour St

City: Brooksville State: FL Zip/postal code: 34613

E-Mail (use both lines if needed): itsamear@charlesjmartasso.com

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: _____

Thereby 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 #: 401 Date: 6/10/26

Diplomate, American College of Veterinary Ophthalmologists

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



1073332

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

Ophthalmologist Name: _____

Ophthalmologist Address: Anja Welihozkiy, DVM, DACVO

City: Sioux Falls, Florida Zip/postal code: ACVO: 401

Phone: _____ ACVO #: _____

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"/>
		NICTITANS	
	<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"/>
		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"/>
		VITREOUS	
	<input type="checkbox"/>	Grades 2-6	<input type="checkbox"/>
	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>
	<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
	<input type="checkbox"/>	Grade 2-6	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
		degeneration	

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

NORMAL

Comments


Office Use Only
 APPL _____
 RAD _____
 CK _____



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 Phone (573) 442-0418 | Fax (573) 875-5073
 Email: ofa@ofa.org | Website: www.ofa.org
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Office Use Only
 v010122

Application for Basic Cardiac Database

Registered Name: (Please do not include titles) <u>Pending</u>		Registration #:	Additional Registration #:
Call Name: <u>Angel (AM)</u>	Breed: <u>Italian Greyhound</u>	Sex: [M] [F]	Sire Registration #:
Permanent ID: 	Birth Date: (mm/dd/yy) <u>03/16/2026</u>	Veterinary Clinic Name: <u>Bluepearl-Sarasota</u>	
Pnm: <u>956000019915184</u>	Telephone #:	Mailing Address: <u>7414 S. Tamiami Trail</u>	
Co-Owner(s): <u>Michelle Corliss</u>	City: <u>Sarasota</u> ST/PR: <u>FL</u> Zip/Postal: <u>34231</u> Country: <u>USA</u>		Date Examined: (mm/dd/yy) <u>06/13/26</u>
Mailing Address: <u>13139 Montauk St</u>	Telephone #: <u>941-923-7260</u>	Veterinarian Email Address: <u>sarasota.cardiology@bluepearlwet.com</u>	
City: <u>Brooksville</u> ST/PR: <u>FL</u> Zip/Postal: <u>34613</u> Country: <u>USA</u>	Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) <u>itsame@richardjmatassa.com</u>		

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative _____
Veterinary Exam Results
 Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)					
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>	VI <input type="checkbox"/>
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous	<input type="checkbox"/>	
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>	

Summary evaluation and opinion of the examiner:
 Normal cardiovascular examination—heart disease is not evident
 Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
 Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.
 I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog
 Veterinarian Signature: _____
 Check one box: Practitioner, Specialist, Cardiologist
 Date: 6/13/26

Fees
 Animals Over 12 Months \$15.00
 Litter of 3 or more submitted together \$30.00
Kennel Rate—Individuals submitted as a group, owned/co-owned by same person, single payment.
 Minimum of 5 individuals \$10.00 each
 Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number: _____ Cardholder name: _____ Exp date MM/YY: _____ CVV: _____

↑
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 05/2029

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 The way home for lost pets.

Angel #2
 # 5184

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 956000019915184
 956000019915184

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For more information, contact us:

- www.akcreunite.org
- 800-252-7894
- 919-816-3828
- found@akcreunite.org

Mail your completed form with payment to this address:
 AKC Reunite
 8051 Arco Corporate Dr.
 Suite 200
 Raleigh, NC 27617

Enrollment in AKC Reunite will help to ensure the safe return of your pet when they are found, but does not signify ownership. Pricing, terms and services are subject to change.

*Source - American Humane August 2016 | † Source - Human Animal Support Services 2023 | ‡ Source - ASPCA 2023