



# 8 weeks

## 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 Argento (Boy 1) Puppy 1  
 Breed Italian Greyhound  
 Color Blue/Fawn & White  
 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) 6 lbs 48 oz

Temp. (F) / Pulse (BPM) 100.6 / 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 W. Cole 4/10/26  
VETERINARIAN SIGNATURE DATE

Christopher Cole  
VET PRINTED NAME

352 340 0700 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   \_\_\_\_\_  
OVER UNDER NFB  
 BITE     
 Additional Details \_\_\_\_\_

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

**Open Fontanelle** YES NO NFB SIZE(CM)  
   \_\_\_\_\_  
 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	2.75 LBS	#x004isldph	1.66 CC
05/26/26	Nemex 2	4.5 LBS	#004isldph	2.72 CC

ADMINISTERED DATE OF VACCINE (EX. 09/19/18)	ROUTE (IN/SQ)	INITIALS OF ADMINISTRATOR	MANUFACTURER	LOT NUMBER/STICKER	VACCINATIONS
05-29-2026	1.0 CC 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



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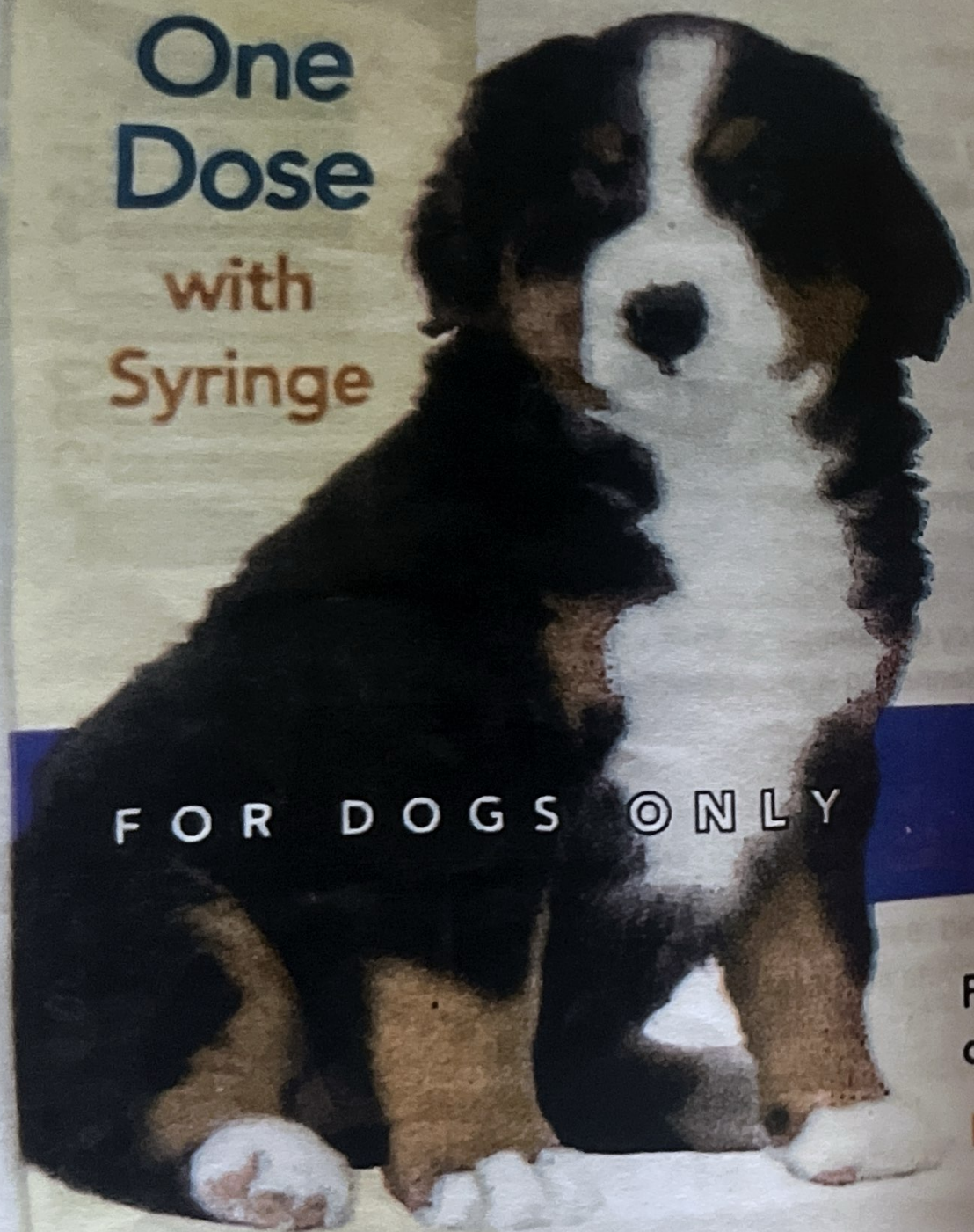
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One  
Dose  
with  
Syringe



# Canine Distemper- Adenovirus Type 2- Parainfluenza- Parvovirus Vaccine

Modified Live Virus

FOR DOGS ONLY

## 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: **Argento** Coat Color: **Blue**

Registered name: **Argento**

Breed: **Italian Greyhound** Sex: **M**

ID Number (if any):  Tattoo  Microchip

Registration I: 956000019915256

Date of Birth (mm/dd/yy): **03/16/26** Date of Exam (mm/dd/yy):

Owner Name: **Michelle Carlin**  
 Co-Owner Name: **Fisher Link Development** Phone: **352-585-4144**  
 Owner Address: **15159 Montour St**  
 City: **Brooksville** State: **FL** Zip/postal code: **34613**

E-Mail (use both lines if needed):  
**itsame@eric.hardym**  
**at assa.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

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: ACVO # **401** Date **6/13/26**

Diplomate, American College of Veterinary Ophthalmologists

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



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"/>
<b>EYELIDS</b>		
<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"/>
<b>NICTITANS</b>		
<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"/>
<b>CORNEA</b>		
<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"/>
<b>UVEA</b>		
<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"/>
<b>LENS</b>		
<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"/>
<b>Significance Unknown/Suspect Not Inherited</b>		
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<b>VITREOUS</b>		
<input type="checkbox"/>	Grades 2-6	<input type="checkbox"/>
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	Grades 1	<input type="checkbox"/>
<input type="checkbox"/>	Grades 2-6	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: **Anja Welihozkiy, DVM, DACVO**  
 City: **Sarasota, Florida** State: **FL** Zip/postal code: **34230**  
 Phone: \_\_\_\_\_ ACVO #: \_\_\_\_\_  
 Email: \_\_\_\_\_

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"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	

**NORMAL**

Comments

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


Office Use Only  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



**Orthopedic Foundation for Animals**  
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 Email: ofa@ofa.org | Website: www.ofa.org  
 A Not-for-Profit Organization

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 v010122

## Application for Basic Cardiac Database

Registered Name: (Please do not include titles)		Registration #:	Additional Registration #:
Call Name: <u>Arrietto</u>	Breed: <u>Italian Greyhound</u>	Sex: <u>(M) (F)</u>	Sire Registration #:
Per: 	Birth Date: (mm/dd/yy) <u>03/16/26</u>	Veterinary Clinic Name: <u>Bluepearl - Sarasota</u>	
Primary Owner Name: <u>Michelle Carlin</u>	Telephone #:	Mailing Address: <u>7414 S. Tamiami TRl</u>	
Co-Owner(s): <u>Fisher Lutz Development LLC</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>339 Montevr st</u>	Telephone #: <u>941-923-7260</u>	Veterinarian Email Address: <u>sarasota.cardiology@bluepearlvet.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>hsame@richardjmales559.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"/>	VI <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <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: \_\_\_\_\_ Date: 6/13/26  
 Check one box:  Practitioner,  Specialist,  Cardiologist

**Fees**      Animals Over 12 Months ..... \$15.00      **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person, single payment.  
 Litter of 3 or more submitted together ..... \$30.00      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 \_\_\_\_\_



*Alento  
#5256*

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- 919-816-3828
- [found@akcreunite.org](mailto:found@akcreunite.org)

Mail your completed form with payment to this address:

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Raleigh, NC 27617

ENROLLMENT FORM  
AQCHP3 11/24

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