





# 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	2.1 LBS	#x004isldph	1.25 CC
05/26/26	Nemex 2	4.5 LB	#x004isldh	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	1.0cc 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

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



18 FEB 23  
E318124  
B0103333K







**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

Call name: Butchers Coat Color: BLUE/white  
 Registered name: \_\_\_\_\_  
 Breed: Italian Greyhound Sex: F  
 ID Number (if any):  Tattoo  Microchip  
 Res: 956000019914786  
 Date of Birth (mm/dd/yy): 03/16/24 Date of Exam (mm/dd/yy): \_\_\_\_\_  
 Owner Name: Michelle Corlin  
 Co-Owner Name: Fisher Link Development Phone: 352-575648  
 Owner Address: 1339 Montau St  
 City: Brooksville State: FL Zip/postal code: 34613  
 E-Mail (use both lines if needed):  
itsame@richardjw  
atasssa.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: [Signature] ACVO #: 401 Date: 6/13/26

Diplomate, American College of Veterinary Ophthalmologists

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



1073330

### Companion Animal Eye Registry (CAER)

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"/>	
<input type="checkbox"/>	persistent pupillary membranes		<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"/>	
<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"/>	Grades 2-6		<input type="checkbox"/>	Grades 2-6
<input type="checkbox"/>	PHPV/PHTVL		<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  
Sarasota, Florida  
 City: \_\_\_\_\_ State: ACVO: 401 Zip/postal code: \_\_\_\_\_  
 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"/>	
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"/>	

**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

2300 E Nifong Blvd | Columbia, MO 65201  
 Phone (573) 442-0418 | Fax (573) 875-5073  
 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) <u>Pendis</u>		Registration #:	Additional Registration #:
Call Name: <u>Dutchess</u>	Breed: <u>Italian Greyhound</u>	Sex: [M] <input checked="" type="checkbox"/> [F] <input type="checkbox"/>	Sire Registration #:
Per <u>956000019914786</u>		Birth Date: (mm/dd/yy) <u>03/16/26</u>	Dam Registration #:
Primary Owner Name: <u>Michelle Carlin</u>		Veterinary Clinic Name: <u>Bluepearlvet Sarasota</u>	
Co-Owner(s): <u>Escherbank Development LLC</u>		Telephone #: <u>352-515-6148</u>	Mailing Address: <u>7414 S. Tamiami Trl</u>
Mailing Address: <u>Bizamontour St</u>		City: <u>Sarasota</u> ST/PR: <u>FL</u> Zip/Postal: <u>34231</u> Country: <u>USA</u>	Telephone #: <u>941-923-7260</u> Date Examined: (mm/dd/yy) <u>06/13/26</u>
City: <u>Brooksville</u> ST/PR: <u>FL</u> Zip/Postal: <u>34613</u> Country: <u>USA</u>		Veterinarian Email Address: <u>sarasota.cardiology@bluepearlvet.com</u>	
Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) <u>itsame@richardjmaxwell.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"/>	
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 \_\_\_\_\_



Dutless #3  
#4796

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- 800-252-7894
- 919-816-3828
- [found@akcreunite.org](mailto:found@akcreunite.org)

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Suite 200  
Raleigh, NC 27617

ENROLLMENT FORM  
AKCH0112/24

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



STERILE EO



LOT 88729  
05/2029

ISO-Compliant Transponder  
ID-1021218; FOX-B  
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Hazard Code 506