



# 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 Eina  
Breed Italian Greyhound

Color blue/white  
Gender  Male  Female

Date of Birth 07/9/2024

**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.                  \_\_\_\_\_

                         YES      NO      NFB      SIZE(CM)

Open Fontanelle                        \_\_\_\_\_

Additional Details \_\_\_\_\_

Hist. of Past Surgery? broken radius surgery 1/22/2025

Explain Any Abnormalities puppy jumped off bed broke leg.

\_\_\_\_\_  
BREEDER SIGNATURE      DATE

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

\_\_\_\_\_  
PUPPY ID NUMBER      REGISTRATION NUMBER      MICROCHIP NUMBER

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

Weight (lbs/oz) 19 lbs 6 oz

Temp. (F) / Pulse (BPM) 101.7 / 120

**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, M.D.  
VETERINARIAN SIGNATURE      DATE

Christopher Cole  
VET PRINTED NAME

352 340 0120 044792  
VET PHONE NUMBER      APHIS#

**CERTIFICATE OF VACCINATION**

**Date of Rabies Vaccination:** 6/8/2026  
**Next Rabies Vaccination On:** 6/8/2027

**Certificate No:** 0  
**Previous Rabies Vaccination:**

**VETERINARY CLINIC**  
PetLuv Spay & Neuter Clinic  
7348 Broad Street  
Brooksville, FL 34601  
(352) 799-9990

**OWNER OF ANIMAL**  
Michelle Carlin  
13139 Montor St  
Brooksville, FL 34613  
County:

This is to certify...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient information...**

**PATIENT:** Gina  
**SPECIES:** Canine  
**SEX:** F  
**MICROCHIP:**  
**BREED:** Greyhound, Italian  
**Color and markings...** Blue

**TAG NO:** 26-6898  
**WEIGHT:** 19.20  
**AGE:** 22 months

Doctor  
Signature  
& Lic. No.



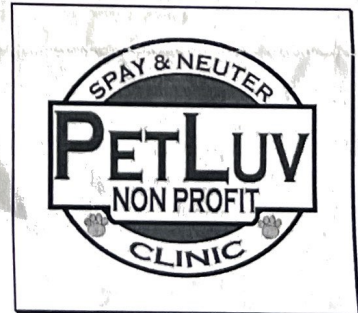
Timothy Harris  
VM 2567



**Rabies Vaccine Information...**

**MFG BY:** BIAH  
**LOT EXP:** 18JUNE27

**SER.NO:** 18680  
**ADM:** RTHI





**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: Cina Coat Color: Blue BWO/FAMN  
 Registered name: Gundas Blue Girl  
 Breed: Italian Greyhound Sex: F  
 ID Number (if any):  Tattoo  Microchip  
960235001237655  
 Registration Number:  AKC  Other  
~~979-02-05-51020~~  
 Date of Birth (mm/dd/yy): 07/09/24 Date of Exam (mm/dd/yy):

Owner Name: Michelle Carlin  
 Co-Owner Name: EyeLink Developm Phone: 352-515-6146  
 Owner Address: 1329 Montour St  
 City: Brooksville State: FL Zip/postal code: 34603  
 Email (use both lines if needed):  
tsamear@richardjm  
atassa.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**



1073219

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"/>
<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"/>
<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: Anja Welihozkiy, DVM, DACVO  
 Sarasota, Florida  
 ACVO: 401  
 Ophthalmologist Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ 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) <b>Gianas - Blue Girl</b>		Registration #:	Additional Registration #: <b>APR</b> <del>F14 111 8 31250A</del>
Call Name: <b>Gina</b>	Breed: <b>Italian Greyhound</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Sire Registration #: _____ Dam Registration #: _____
Permanent ID:	Birth Date: (mm/dd/yy) <b>7.9.12</b>	Veterinary Clinic Name: <b>Blue Pearl - Sarasota</b>	
Primary Owner Name: <b>237655 900235001005201</b>	Telephone #:	Mailing Address: <b>7414 S Tamiami Trl</b>	
Co-Owner(s): <b>Fisher Link Development LLC</b>	City: <b>Sarasota</b> ST/PR: _____ Zip/Postal: <b>FL: 34231</b> Country: <b>USA</b>	Date Examined: (mm/dd/yy) <b>06.13.16</b>	
Mailing Address: <b>1319 Montevue St</b>	Telephone #: <b>941-923-7260</b>	Veterinarian Email Address: <b>sarasota.cardiology@bluepearlvet.com</b>	
City: <b>Brooksville FL</b> ST/PR: _____ Zip/Postal: <b>34613</b> Country: <b>USA</b>	Primary Owner Email Address: (Please write carefully and legibly. OFA reports will be emailed to this address) <b>itsame@richardjmassa.com</b>		

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: **6/13/16**  
 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 \_\_\_\_\_

# LITTER MEDICAL RECORD

DATE WHELPED  
Monday, June 17, 2024

PEN

BREED: ITALIAN GREY HOUND

OWNER: Cheryl Gray 11221 Highland rd, Havana, Ark 72842

DAM: CEDAR CREEKS GIANA B22-XW-BS-31002G

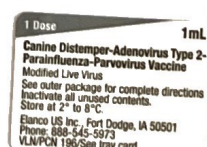
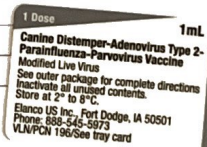
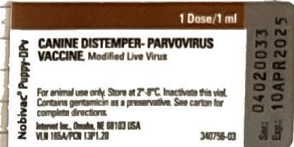
SIRE: LAZY H PETER PAN TS553663401 G20-ZA-BS-31025T

Registration #1:	
Registration #2:	

Whelped: # M:	1	# F:	3
Weaned: # M:	1	# F:	3

2 WKS: 7/1/2024	5 WKS: 7/22/2024	8 WKS: 8/12/2024	12 WKS: 9/9/2024
3 WKS: 7/8/2024	6 WKS: 7/29/2024	9 WKS: 8/19/2024	14 WKS: 9/23/2024
4 WKS: 7/15/2024	7 WKS: 8/5/2024	10 WKS: 8/26/2024	16 WKS: 10/7/2024

Status:	Date:	Administered:	Notes:
DONE	6/20/2024	DEW CLAWS REMOVED, , ,	
DONE	7/1/2024	PYRANTEL/ MARQUIS, , ,	Wormer
DONE	7/8/2024	PYRANTEL/ MARQUIS, , ,	
DONE	7/15/2024	PYRANTEL/ MARQUIS, , ,	
DONE	7/15/2024	NEOPAR S, , 7337, 9/23/2025	
DONE	7/22/2024	METRONIDAZOLE, FLAGY, , ,	8 DAY
DONE	7/22/2024	PYRANTEL/ MARQUIS, , ,	
DONE	7/22/2024	INTRA TRACK 2, , 005614948, 9/25/2025	
DONE	7/29/2024	PYRANTEL/ MARQUIS, , ,	
DONE	7/29/2024	TRUCANDAPP1, , E116548A, 1/24/2025	
DONE	8/5/2024	PYRANTEL/ MARQUIS, , ,	
DONE	8/12/2024	TRUCANDAPP1, , E116548A, 1/24/2025	
DONE	8/12/2024	PYRANTEL/ MARQUIS, , ,	
DONE	8/19/2024	PYRANTEL/ MARQUIS, , ,	
DONE	8/26/2024	TRUCANDAPP1, , E116548A, 1/24/2025	
DONE	8/26/2024	PYRANTEL/ MARQUIS, , ,	
DONE	9/2/2024	PYRANTEL/ MARQUIS, , ,	
DONE	9/9/2024	TRUCANDAPP1, , E116548A, 1/24/2025	
DONE	9/9/2024	PYRANTEL/ MARQUIS, , ,	
DONE	10/1/2024	PYRANTEL/ MARQUIS, , ,	
DONE	11/1/2024	PYRANTEL/ MARQUIS, , ,	
DONE	12/1/2024	PYRANTEL/ MARQUIS, , ,	
DONE	1/1/2025	PYRANTEL/ MARQUIS, , ,	



E-Z KENNEL PLUS

1-7-25  
RV Vaccine, KV  
Imrab-1 TF

# RABIES VACCINATION CERTIFICATE

ADAPTED FROM NASPHV FORM 51 | PRINT ONLY

Tag Fee \$: \_\_\_\_\_

Tag #: 0045

## OWNER'S INFO Name & Contact Information

Gray Cheryl  
Last First MI  
1221 Highland Havana  
No. Street City  
AR 72842 970-2391  
State Zip Telephone

## VACCINATION INFO

Date Vaccinated: 1-7-25 Next Vaccination Due Date: 1-7-26  
Month Date Year Month Date Year

Manufacturer: (first 3 letters) BOE Vacc. Serial (Lot) No. 27135

1 yr. Licensed Vaccine  3 yr. Licensed Vaccine

## VETERINARIAN INFO

1657  
License No. P.V. Bob Booneville  
No. Street City  
Ar 7277 479-615-2711  
State Zip Telephone  
Miesner Charles R  
Last First MI  
Charles R Miesner  
Signature

## VACCINATIONS ADMINISTERED TODAY:

- Rabies
- Lyme Disease
- Canine Distemper Virus
- Canine Parainfluenza Virus
- Canine Adenovirus 2
- Canine Parvovirus
- Feline Calicivirus
- Feline Chlamydia



## PET INFO

Pet Name Gina  
Species  Dog  Other (specify) \_\_\_\_\_  
 Cat  
Sex of Pet  F  M  FS  MN  
Age  3 Mo. to 12 Mo.  Over 12 Mo.  
Size  Under 20 lbs.  20-50 lbs.  Over 50 lbs.  
Predominant Breed Italian Greyhound Colors Blue

