

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 STEVEN
Breed Italian Greyhound

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

Color BLUE
Gender Male Female

Weight (lbs/oz) 18 lbs 4 oz

Date of Birth 04/18/2024

Temp. (F) / Pulse (BPM) 102.0 / 120

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

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

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

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

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

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

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

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

YES NO NFB SIZE(CM)
Open Fontanelle
Additional Details _____
Hist. of Past Surgery? NO

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

Explain Any Abnormalities _____

REQUIRED FECAL FLOTATION TEST BY VETERINARIAN
Date Given 4/10/2024
Results negative
Medications Administered _____
Additional DX/TX/RX? _____

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

Christopher W. Coleman 4/10/2024
VETERINARIAN SIGNATURE DATE
Christopher Cole
VET PRINTED NAME
352 340 0720 044792
VET PHONE NUMBER APHIS#

PUPPY ID NUMBER REGISTRATION NUMBER MICROCHIP NUMBER

MEDICAL RECORDS

Patient: Steven

Date Generated: Jun 10, 2026



Advanced Pet Care

7331 Spring Hill Dr Spring Hill, FL 34606

(352) 835-7997

info@advancedpetcarespringhill.com

CLIENT

Michelle Carlin
13139 Montour St
Brooksville, FL 34613
(352) 263-9641
mkat311@msn.com

PATIENT

Steven | 2.1 YO | Male (Intact) | Italian Greyhound | 17.0 lb
Patient ID: 356070207 | Canine
DOB: Apr 18, 2024 | Color: Blue
Allergies: None Recorded

MEDICATIONS

NexGard Chewables for Medium Dogs: Blue (10.1-24lb) 6 Pack

Give one tablet by mouth once monthly (every 30 days) for prevention of fleas/ticks.

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
1 (One)	Aug 07, 2025	1 by Aug 07, 2026		Dr. Christopher Cole	721946597

EXAM - GENERAL with Dr. Christopher Cole

ADVANCED PET CARE August 7, 2025 at 10:30 am

INTAKE

PLEASE bring Steven in on a leash or in a carrier.
I acknowledge.

Steven may be due for a fecal test so please bring a stool sample to this visit.

Ok

If you have any information that might aid in the success of your pet's visit please let us know here. Examples: Steven REALLY likes treats, Steven DOES NOT like their ears touched, Steven prefers quiet environments.

None

Select all that apply: Steven is scheduled for a WELLNESS visit, but I have noticed:

Loss of mobility, lameness, or discomfort

- Lumps or bumps on or under the skin
- Wounds/cuts/scrapes
- Urine or stool accidents or changes in toileting habits
- Vomiting
- Diarrhea
- Bad breath or changes with teeth/gums
- Increased water intake
- Poor appetite
- Weight GAIN
- Weight LOSS
- Behavioral changes/routine changes/aggression
- Itching/rash/redness/hair loss
- Scratching ears/shaking head/odor coming from ears
- Coughing/changes in breathing
- Loss of vision or abnormal appearance of eyes
- Seeing live fleas/ticks
- No other concerns noted
- Other. Please specify below:

Please list any other concerns or additional notes about the above changes below:

None

Current medication or supplements EXCLUDING heartworm/flea & tick prevention:

None

Flea & Tick Treatment/Prevention

I need information about the importance of flea and tick treatment/prevention

How much are you currently feeding Steven?

Free feed

How else can we help?

- Medication Refill
- Prescription Diet Refill

Dental/Oral Health

I am using dental treats or chews

Heartworm Prevention (Dogs Only)

Not currently using heartworm prevention and not interested in starting even though it is recommended by my veterinarian

What are you currently feeding Steven?

Dry food

Do you have pet insurance?

No, and I am NOT interested in learning about pet insurance.

- Nail Trim
- Microchip Pet Identification Information
- Other, Please specify below

How else can we help?

Flea prevention

If we need to follow up regarding your pet's visit, how would you like to be contacted?
Text

VITALS

Attitude BAR	Pain 0 (0-4)	Body Sc (1-9) 5
Crt 1.0	Resp Rate 40 bpm	Dental Sc (0-4) 0
Heart Rate 140 bpm	Temp 101.6 °F	FAS (0-5) 2
Mm PK	Weight 17.0 lb	

SUBJECTIVE

Pt presents today for establishment exam and flea prevention. O states they are having a flea problem at home but otherwise pt is doing well, No health concerns at this time. Pt is e/d/u/d normal. No v/d/c/s. Prevention/Medication(s)/Supplement(s): No prevention currently/ Omega 3 supplement daily
Diet: Petco brand kibble and canned food.

OBJECTIVE

Attitude/Appearance: BAR	
Eyes: Normal	Ears: Normal
Oral Cavity/Teeth: Normal	Cardiovascular: Normal
Respiratory: Normal	Abdomen: Normal
Urogenital: Normal	Neurologic: NOT EXAMINED
Musculoskeletal: Normal	Integumentary: Normal
Glands/Lymph Nodes: Normal	Rectal: NOT EXAMINED

ORDERS

DIAGNOSTICS

DIAGNOSTICS

RESULTS

SNAP 4Dx Plus (Declined)

QUANTITY

COMMENTS

1

MEDICATIONS

Heartgard Plus Chewables: Blue (0-25lb), Single Dose (Declined)

Give 1 soft chew by mouth once monthly (every 30 days) for prevention of heartworms and intestinal parasites.

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
1 (One)	Aug 07, 2025	0		Dr. Christopher Cole	721948423

NexGard Chewables for Medium Dogs: Blue (10.1-24lb) 6 Pack

Give one tablet by mouth once monthly (every 30 days) for prevention of fleas/ticks.

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
1 (One)	Aug 07, 2025	1 by Aug 07, 2026		Dr. Christopher Cole	721946597

OTHER PRODUCTS

PRODUCT	QUANTITY	COMMENTS
Examination - Additional Animal	1	

ASSESSMENT

Healthy pet

PLAN

Continue FP and HW

Christopher Cole, DVM

Dr. Christopher Cole



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: Steven Coat Color: Blue

Registered name: ~~Isabella~~ ~~Shelby~~ ~~Isabella~~ ~~Shelby~~

Breed: Italian Greyhound Sex: M

ID Number (if any): Tattoo Microchip
900235001085201

Registration Number: AKC Other
E244xBS31260A

Date of Birth (mm/dd/yy): 041824 Date of Exam (mm/dd/yy):

Owner Name: Michelle Carlin

Co-Owner Name: Eshak Development Phone: 562-5756148

Owner Address: 1339 Montclair St

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

E-Mail (use both lines if needed):
itsame@richardjm
atass90com

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



1073333

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

Ophthalmologist Name: _____

Ophthalmologist Address: Anja Weihozkiy, DVM, DACVO
Sarasota, Florida

City: Sarasota 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"/>
retinal dysplasia		
<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"/>	Unlisted conditions suspected as not inherited	

NORMAL

Comments

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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Office
 Use
 Only

Application for Hip/Elbow Dysplasia Database

Registered Name: (Please do not include titles) E24-UX-BS-31260a		Registration #:	Additional Registration #:
Call Name: Steven	Breed: Italian Greyhound M	Sex: [M][F]	Sire Registration #:
Permanent ID:	Birth Date: (mm/dd/yy) 04/18/24	Veterinary Clinic Name: Gulf Coast Vet clinic	
Primary Owner Name: Michelle Carlin	Telephone #:	Mailing Address: 13103 Spring Hill Dr	
Co-Owner(s):	City: Spring Hill ST/PR FL Zip/Postal 34609 Country: USA	Date Radiographed: (mm/dd/yy) 06/10/26	
Mailing Address: 13139 Montour St	Telephone #: 352-340-0720	Veterinarian Email Address: info@gulfcoastvet.springhill.com	
City: Brooksville ST/PR FL Zip/Postal 34603 Country: USA	Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) mkat311@msn.com		

I hereby request the OFA to provide a hip and/or elbow evaluation of the animal described on this application. I certify that the image submitted is of this animal and that neither the pelvic nor the elbow conformation have been surgically altered. I understand that the image submitted will be retained by the OFA, understand that the image is submitted for a consensus evaluation based on the independent, professional judgment of consulting board-certified veterinary radiologists, and I hereby release the OFA from any and all liability resulting from the consensus evaluation. I understand the OFA will release all normal hip and/or elbow results for animals over 24 months to the public, and by submitting this application I agree the OFA may do so. Normal hip results are defined as a consensus evaluations of Excellent, Good, or Fair and normal elbow results are defined as consensus evaluations of Normal. Abnormal hip and/or elbow results (including borderline results) will not be released to the public unless the initials of a registered owner or authorized representative appear in the box below. **Results for animals under 24 months will only be released and published if all criteria described on page 2 of this application have been met.** By submitting this hip and/or elbow application I agree to the associated current OFA evaluation fees and understand that no results will be released or reported until all related charges are paid in full.

Signature of owner or authorized representative

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal _____ (initials of registered owner or authorized representative).

Veterinary Information

This animal was restrained using: Physical restraint only Chemical restraint
 I DID verify the microchip/tattoo information on this dog I DID NOT verify the microchip/tattoo information on this dog
 Only dogs with Verified Permanent Identification (VPI) will have their results transmitted to the AKC for inclusion in their registration and pedigree documents

Veterinarian Signature *Christopher W. Cole*

Fees

Animals Over 24 Months		Animals Under 24 Months	
• Hip evaluation.....	\$45.00	• Preliminary hip evaluation.....	\$35.00
• Elbow evaluation.....	\$45.00	• Preliminary elbow evaluation.....	\$35.00
• Hip and elbow evaluations submitted together.....	\$50.00	• Preliminary hip and elbow evaluations submitted together.....	\$40.00
• Litter of 3 or more submitted together.....	\$120.00	• Litter of 3 or more submitted together.....	\$100.00

Kennel Rate—Individuals submitted as a group at the same time, with a common owner/co-owner, with a single form of payment, may be < or > 24 months
 • Minimum of 5 individuals.....\$25 per study

See instructions on page 2

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.

Party responsible for payment is: Veterinarian Owner/co-owner Other Card type: Visa MasterCard

Card number

Cardholder name

Exp date MM/YY

CW

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

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 v010122

Application for Basic Cardiac Database

Registered Name: (Please do not include titles) Isabellas Blue Boy		Registration #:	Additional Registration #: APR 60A E24-UX-BS-312600A
Call Name: Steven	Breed: Italian Greyhound	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Sire Registration #: Dam Registration #:
Permanent ID: 900235001085201	Birth Date: (mm/dd/yy) 04/19/24	Veterinary Clinic Name: Bluepearl - Sarasota	
Primary Owner Name:	Telephone #: 352-575-6448	Mailing Address: 7414 S. Tamiami Trl	
Co-Owner(s): Fisher Link Development LLC	City: Sarasota	ST/PR: FL	Zip/Postal Country: 34231 USA
Mailing Address: 1339 Montour St	Telephone #: 941-923-7260	Date Examined: (mm/dd/yy) 06/13/20	
City: Brooksville	ST/PR: FL	Zip/Postal Country: 34613 USA	Veterinarian Email Address: sarasota.cardiology@bluepearlvet.com
Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) itsame@richardmatassa.com			

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: **6/13/20**
 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 _____

PETFAX

Veterinary Health Report

Please make sure to have your puppy's wellness examination, the Veterinary Health Report (shown below), a Health Certificate, and a fecal exam all completed by your veterinarian 3-5 days prior to the puppy's departure date. All paperwork must be faxed or emailed to us immediately upon completion of your puppy's examination (no later than 72 hours prior to travel). Please also send a hard copy with the puppy for the customer's records. If an issue is noted or observed, please contact a PetPay Customer Advocate immediately at (888) 729-8812 prior to sending the puppy. Photos are required for visible health issues (including inside the mouth).

Name Lincoln / Izzy tom
 Breed Italian Greyhound
 Color Blue + white
 Gender Male Female
 Date of Birth 4-28-24

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

Weight (lbs/oz) 7 lbs 12 oz

Temp. (F) / Pulse (BPM) 101.2 / Normal

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? None

Explain Any Abnormalities _____

Cheryl Gray 7-25-24
 BREEDER SIGNATURE DATE
Cheryl Gray
 BREEDER PRINTED NAME

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

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 7-25-24
 Results Negative
 Medications Administered _____
 Additional DX/TX/RX? _____

Charles R Miesner 7-25-24
 VETERINARIAN SIGNATURE DATE
Charles R Miesner
 VET PRINTED NAME

EBAL6E9 E24-UX-BS-31260A
 PUPPY ID NUMBER REGISTRATION NUMBER

4796752211 020877
 VET PHONE NUMBER APHIS#

LITTER MEDICAL RECORD

DATE WHELPED
Sunday, April 28, 2024

PEN

BREED: ITALIAN GREY HOUND

OWNER: CHERYL GRAY 11221 HIGHLAND RD, HAVANA, ARK 72842

DAM: LAZY H ISABELLA TS55350401 G20-AZ-BS-31027T

SIRE: LALZY H CARL G20-ZA-BS-31024T

Registration #1:

Registration #2:

Whelped: # M: 6 # F: 3

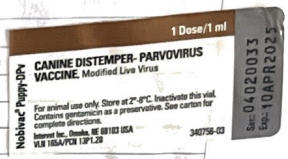
Weaned: # M: 6 # F: 3

2 WKS: 5/12/2024 5 WKS: 6/2/2024 6/23/2024 12 WKS: 7/21/2024

3 WKS: 5/19/2024 6 WKS: 6/9/2024 9 WKS: 6/30/2024 14 WKS: 8/4/2024

4 WKS: 5/26/2024 7 WKS: 6/16/2024 10 WKS: 7/7/2024 16 WKS: 8/18/2024

Status:	Date:	Administered:	Notes:
DONE	5/1/2024	DEW CLAWS REMOVED, , ,	
DONE	5/12/2024	PYRANTEL & MARQUIS, , ,	Wormer
DONE	5/26/2024	PYRANTEL & MARQUIS, , ,	
DONE	5/26/2024	NEOPAR S, , 7298, 10/1/2024	PARVO SHOT
DONE	6/2/2024	PYRANTEL & MARQUIS, , ,	
DONE	6/2/2024	INTRA TRACK 2, , 005414429, 5/18/2024	KENNEL COUGH
DONE	6/9/2024	NOBIEVAC PUPPY DPv, , 04020030, 1/18/2025	SHOT
DONE	6/9/2024	PYRANTEL & MARQUIS, , ,	
DONE	6/9/2024	PANACURE PASTE, SAFEGUARD, ,	5 DAYS WORMER
DONE	6/16/2024	PYRANTEL & MARQUIS, , ,	
DONE	6/16/2024	METRONIDAZOLE, FLAGYL, , SECONDIZOLE	8 DAY
DONE	6/23/2024	DURAMUNE MAX 5, FORT DODGE, EO34196A, 4/11/2023	SHOT
DONE	6/23/2024	PYRANTEL & MARQUIS, , , SECONDIZOLE	
DONE	6/30/2024	PYRANTEL & MARQUIS, , ,	
DONE	7/7/2024	DURAMUNE MAX 5, FORT DODGE, EO34196A, 4/11/2023	SHOT
DONE	7/7/2024	PYRANTEL & MARQUIS, , ,	
DONE	7/14/2024	PYRANTEL & MARQUIS, , ,	
DONE	7/21/2024	PYRANTEL & MARQUIS, , ,	
DONE	7/21/2024	DURAMUNE MAX 5, FORT DODGE, EO34196A, 4/11/2023	SHOT



E-Z KENNEL PLUS

Staten



*5038
-2025-008-1*



RABIES VACCINATION CERTIFICATE

ADAPTED FROM NASPHV FORM 51 | PRINT ONLY

Tag Fee \$: _____

Tag #: 1863

OWNER'S INFO Name & Contact Information

Gray Cheryl
Last First MI
11403 Highland Rd
No. Street City
AR 72842 970-2391
State Zip Telephone

PET INFO

Pet Name ~~Lincoln~~ = steven

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 Grayhound Colors Blue

VACCINATION INFO

Date Vaccinated: 7-25-24 Next Vaccination Due Date: 7-25-25
Month Date Year Month Date Year

Manufacturer: (first 3 letters) BOE Vacc. Serial (Lot) No. 22134

1 yr. Licensed Vaccine 3 yr. Licensed Vaccine

VETERINARIAN INFO

1657
License No. P.O. Box 6 Booneville
No. Street City
Ar 72927 479-675-2211
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
- Canine Coronavirus
- Canine *Bordetella bronchiseptica*
- Leptospirosis
- Feline Leukemia Virus
- Feline Panleukopenia
- Feline Rhinotracheitis
- Feline Calicivirus
- Feline Chlamydia



PetLuv Spay & Neuter Clinic

7348 Broad Street
Brooksville, FL 34601
352-799-9990

Patient Chart

Printed: 11/17/2025 at 11:39a

CLIENT INFORMATION

Name Michelle Carlin (18530)
Address 13139 Montor St
Brooksville, FL 34613
Phone 352 263-9641

Balance 0.00

PATIENT INFORMATION

Name Steven
Sex Male
Species Canine
Birthday 5/26/2024
ID
Breed Greyhound, Italian
Color Blue
Age 18m
Reminded (none)
Rabies 25-7750
Weight 19.40 lbs
Codes

Steven's weight history (in lbs)

11/17/2025 19.40

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Amount
11/17/2025	TJH	CLEXAM	Clinical Exam A physical exam was performed on your pet today for prescription medications and/or vaccinations. This is not a complete physical exam. If your pet has any physical abnormalities, please see a full service veterinarian as soon as possible.		

Age: 18m Weight: 19.40

ID: 25-7750 Serial: 18661 408-2 Rabies Vaccination, K9 1 yr Unaltered, # 35.00
Expires: 19FEB27 Type: KV Mfg: BIAH Admin: RTHI
19.4 WEIGHT Pet was weighed on this day

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 11/17/2025
Next Rabies Vaccination On: 11/17/2026

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: Steven
SPECIES: Canine
SEX: M
MICROCHIP:
BREED: Greyhound, Italian
Color and markings... Blue

TAG NO: 25-7750
WEIGHT: 19.40
AGE: 18 months

Doctor
Signature
& Lic. No.


Timothy Harris
VM 2567

Rabies Vaccine Information...

MFG BY: BIAH
LOT EXP: 19FEB27

SER.NO: 18661
ADM: RTHI

1/10/26 - Bordetella

