



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 _____
Breed Italian Greyhound

Color _____
Gender Male Female

Date of Birth _____

SKIN AND COAT	YES	NO	
Fleas/Ticks	<input type="radio"/>	<input type="radio"/>	
Alopecia	<input type="radio"/>	<input type="radio"/>	
Signs of Infection	<input type="radio"/>	<input type="radio"/>	
Additional Details	_____		

EYES	YES	NO	BILATERAL
Abnormal Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyelash Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cherry Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details	_____		

MOUTH, TEETH, GUMS	YES	NO	SIZE(CM)
Malocclusion	<input type="radio"/>	<input type="radio"/>	_____
	OVER	UNDER	NFB
BITE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details	_____		

MUSCULOSKELETAL	YES	NO	BILATERAL
Umbilical Hernia	<input type="radio"/>	<input type="radio"/>	
Inguinal Hernia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip Pain	<input type="radio"/>	<input type="radio"/>	GRADE
Unilateral Patellar Lux.	<input type="radio"/>	<input type="radio"/>	_____
Bilateral Patellar Lux.	<input type="radio"/>	<input type="radio"/>	_____
	YES	NO	NFB
Open Fontanelle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details	_____		

Hist. of Past Surgery? _____

Explain Any Abnormalities _____

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

Weight (lbs/oz) _____ lbs _____ oz

Temp. (F) / Pulse (BPM) _____ / _____

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	<input type="radio"/>	<input type="radio"/>	_____
Additional Details	_____		
Respiratory Rate (BPM)	_____		

RESPIRATORY	YES	NFB	NO
Coughing/Congestion	<input type="radio"/>		<input type="radio"/>
Stenotic Nares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details	_____		

EARS	YES	NO	BILATERAL
Abnormal Debris/ Discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear Mites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signs of Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Details	_____		

UROGENITAL	YES	NO
Redundant Vulva	<input type="radio"/>	<input type="radio"/>
Undescended	<input type="radio"/>	<input type="radio"/>
Testicles/Cryptorchid		
Additional Details	_____	

GASTROINTESTINAL	YES	NO
History of Vomiting	<input type="radio"/>	<input type="radio"/>
History of Diarrhea	<input type="radio"/>	<input type="radio"/>
Additional Details	_____	

REQUIRED FECAL FLOTATION TEST BY VETERINARIAN

Date Given _____

Results _____

Medications Administered _____

Additional DX/TX/RX? _____

BREEDER SIGNATURE DATE

VETERINARIAN SIGNATURE DATE

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

VET PRINTED NAME

PUPPY ID NUMBER REGISTRATION NUMBER MICROCHIP NUMBER

VET PHONE NUMBER APHIS#



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

ADMINISTERED DATE OF VACCINE (EX. 09/19/18)	ROUTE (IN/SQ)	INITIALS OF ADMINISTRATOR	MANUFACTURER	LOT NUMBER/STICKER	VACCINATIONS
					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