



Fisher Link – Italian Greyhound

Letter of Agreement

June 16, 2026

Richard J. Matassa, Manager
Fisher Link Development, LLC
13139 Montour St.
Brooksville, FL 34613
richardm@fisherlink-development.com

Malia Salehi
Jacksonville, Florida
maliasalehi@gmail.com
760-681-7662

Dear Malia:

This Letter of Agreement (the “Agreement”) summarizes my understanding of the Agreement we reached Today, June 16, 2026, following our video chat and follow-up on gooddog.com. If this Agreement is acceptable to you, please sign below in the space designated for your signature.

As I understand it, we have agreed as follows:

Agreement: It is my understanding that we have agreed to the following regarding:

The purchase of Argento, the First Male Born of the Second Litter of Steven & Gina. A Blue w/ White chest and paw markings, male Italian Greyhound, born on April 17, 2026, for Delivery on July 2-10, 2026, as agreed to in Lake City, Florida, or another agreed location within 100 miles of the 34613 zip code, at an Agreed Location, for the Price of \$x,xxx.00, including a deposit of \$5xx.00, upon agreement. Balance of \$x,xxx.00 upon delivery, all payments made through gooddog.com. The deposit shall be refundable through June 18, 2026, without cause. All is subject to an Acceptable Veterinary Health Report and Vaccination & Deworming Report.

NOTE: Current Medical, including OFA Heart and Eye & 8 Week Veterinary checkup, shots, deworming, and Chip record are attached to this agreement as a record of good health through today's date. A final Delivery checkup shall be performed by our veterinarian, as is typical of our agreements.

Note: this does not include breeding rights. The puppy shall be spayed within 6-12 months or when your veterinarian reasonably determines it is safe and healthy.

Term: The term “Term” of this Agreement will commence as of June 16, 2026, and will continue in effect until July 10, 2026, or upon delivery of the puppy; at which point it shall terminate, unless the term is extended or terminated earlier in a written document signed by both parties in the manner described in the provision No Other Agreement or as otherwise provided for in this Agreement.



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Letter of Agreement

Force Majeure: Neither party shall be held liable or responsible to the other, or be deemed to have defaulted or breached this agreement for failure or delay in performance or fulfillment when such failure or delay is caused by or results from acts beyond either party's reasonable control, including, without limitation, the following force majeure events "Force Majeure Events" a) acts of god; b) flood, fire, earthquake or explosions c) war, invasion, hostilities, terrorist acts, riots or other civil unrest d) government orders, law or actions; e) epidemic, pandemic or outbreaks of infection or disease; and f) embargoes or blockades in effect or after the date of this agreement. The party suffering one of the Force Majeure Events shall give notice to the other party within a reasonable amount of time of the Force Majeure Events, stating the period of time the occurrence is expected to continue, and shall use diligent efforts to end the failure or delay and ensure the effects of the Force Majeure Events are minimized or eliminated.

Notice: Any notice or communication required or permitted under this Agreement shall be sufficiently given if delivered via email, via online chat on the gooddog.com website, or via US mail. To the addresses indicated on this agreement, any party may furnish additional methods of communication or addresses as necessary.

Entire Agreement: This Agreement contains the entire agreement, Veterinary Health Report Form, and Vaccination & Deworming Report; this is the entire Agreement of and between the parties with respect to the subject matter contained herein. No other promises, warranties, representations, agreements, or understandings, whether oral or written, exist concerning the purchase of Dutchess, a Blue and White Female Italian Greyhound, born April 17, 2026, or the available selection of your choice. This Agreement supersedes any previous or simultaneous oral or written promises, warranties, representations, agreements, or conditions between the parties.

Governing Law: This Agreement shall be governed by the laws of Hernando County, Florida.

Severability: If any provisions of this Agreement shall be held invalid, illegal, or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid, illegal, or unenforceable, but that by limiting such provision, it will become valid, legal, and enforceable, then such provision shall be deemed to be written, construed as so limited. Shall the Buyer find any part of the Veterinary Health Report, Vaccination & Deworming Reports unsatisfactory, the Agreement shall become null and void with proper notice as indicated.

Attorneys' Fees: If a legal suit, action or proceeding, including arbitration (the preferred method), is brought by any party to enforce or to interpret any provision of this Agreement, the prevailing party will be entitled to recover, in addition to any other damages awarded, all costs associated with the conducting the suit, action, proceeding or arbitration (the preferred method) and reasonable attorney's fees.

Remedies: In addition to any and all other rights a party may have available according to law, if a party defaults by failing to substantially perform any provisions, terms, or conditions of this Agreement (including, without limitation, failure to make final payment on delivery), the other party may terminate the Agreement by providing written notice to the defaulting party. This notice shall describe with clear and sufficient details the nature of the default. The party receiving such notice shall have 5 days



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Letter of Agreement

from the effective date of such notice to cure the default. Unless waived in writing by a party providing notice, the failure to cure the default within such period shall result in automatic termination of the Agreement.

Assignment: The parties mutually agree not to assign, sell, transfer, delegate, or otherwise dispose of any rights or obligations under this Agreement without the prior written consent of the other party. Any assignment, transfer, or delegation made without prior written consent shall make this Agreement null and void.

Relationship of the Parties: It is understood and agreed that this Agreement does not create a partnership, joint venture, or employment relationship of any kind between the parties; each party acts as an independent contractor with respect to the other; and that none of the employees of either of the parties will be deemed as employees of the other party, for purposes.

Termination: This Agreement may be terminated by either party upon 5 days' written notice to the other party. Shall the Seller Terminate the Agreement, all deposits shall be refunded.

Headings: Headings used in this Agreement are provided for convenience only and shall not be used to construe meaning or intent.

Execution in Counterparts: This Agreement may be executed in counterparts with the same effect as if the signatures thereto and hereto were upon the same document. A signed copy of this Agreement received via E-mail, online through gooddog.com, other electronic transmission, or US Mail shall be given equal effect for all purposes as if it were the original.

If the above correctly expresses your understanding of the terms reached during our discussions and negotiations, please execute and date a copy of this Agreement and return the signed and dated Agreement.

Sender:

 Signature (Richard J. Iviatassa)

 Date 06-16-2026

Recipient:

Malia Salehi

 Signature (Virginia Barrios)

06/16/2026

 Date



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. _____

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



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.

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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".

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05/07/2026	Nemex 2 2.75 LBS #x004isldph	1.66 CC
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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.

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): 956000019915256

Registration I: 956000019915256

Date of Birth (mm/dd/yy): 03/16/26 Date of Exam (mm/dd/yy): 6/13/26

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: [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"/>
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"/>
VITREOUS		
<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: Sarasota, Florida
 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"/>
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
 2300 E Nifong Blvd | Columbia, MO 65201
 Phone (573) 442-0418 | Fax (573) 875-5073
 Email: ofa@ofa.org | Website: www.ofa.org
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 v010122

Application for Basic Cardiac Database

Registered Name: (Please do not include titles)		Registration #:	Additional Registration #:
Call Name: Arrietto	Breed: Italian Greyhound	Sex: M (F)	Sire Registration #:
Per:  956000019915256	Birth Date: (mm/dd/yy) 03/16/26	Veterinary Clinic Name: Bluepearl - Sarasota	
Primary Owner Name: Michelle Carlin	Telephone #:	Mailing Address: 744 S. Tamiami TRl	
Co-Owner(s): Fisher Lutz Development LLC	City: Sarasota ST/PR: FL Zip/Postal: 34231 Country: USA	Date Examined: (mm/dd/yy) 06/13/26	
Mailing Address: 339 Montevr st	Telephone #: 941-923-7260	Veterinarian Email Address: sarasota.cardiology@bluepearlvet.com	
City: Brooksville ST/PR: FL Zip/Postal: 34613 Country: USA	Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) hsame@richardjmalessa.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: **6/13/26**
 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 _____



*Akento
#5256*

A PET ENDS UP IN A SHELTER EVERY 5 SECONDS[†]

Entrusted by millions of pet owners, AKC Reunite has helped over half a million pets find their way back home. We will call, email and text you when your pet is found!



Enroll Today at www.akcreunite.org or..



Scan me to enroll!

"I am so grateful that I enrolled his microchip with AKC Reunite. Best money I've spent!"



From Pe... ed with her dog Quigley, ...g his microchip Reunite!

For more information, contact us:

- www.akcreunite.org
- 800-252-7894
- 919-816-3828
- found@akcreunite.org

Mail your completed form with payment to this address:

**AKC Reunite
8051 Arco Corporate Dr.
Suite 200
Raleigh, NC 27617**

ENROLLMENT FORM
AQCHP3 11/24

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*

Contract Audit Trail

Breeder

Name: Richard Matassa

Signed: June 16, 2026 at 08:22 PM EDT

IP Address: 24.173.125.166

Buyer

Name: malia salehi

Signed: June 16, 2026 at 09:26 PM EDT

IP Address: 172.59.66.27

Contract Completed

Date: June 16, 2026 at 09:26 PM EDT

Status: Signed

This audit trail was automatically generated by Good Dog.

This page documents the electronic signature process for this contract.