



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 Daino
 Breed Italian Greyhound
 Color Blue/Fawn (Fawn)
 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) 4 lbs 89 oz
 Temp. (F) / Pulse (BPM) _____ / _____

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 _____
 BITE 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 _____

Open Fontanelle SIZE(CM) _____
 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 _____
 Results _____
 Medications Administered _____
 Additional DX/TX/RX? _____

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

Christopher W. Cole 11/10/24
 VETERINARIAN SIGNATURE DATE
Christopher Cole
 VET PRINTED NAME
352 340 0720 044792
 VET PHONE NUMBER APHIS#

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 2.45 LBS #x004isldph	1.25 CC
05/26/2026	Nemex 2 3.14 LB #x004isldph	1.82 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



19 FEB 23
E310294
BG102333X

2021
Pvt

Indications: This product has been shown to be effective for the vaccination of healthy dogs 6 weeks of age or older against canine distemper virus (CDV), infectious canine hepatitis (CAV1), canine adenovirus type 2 (CAV2), canine parainfluenza (CPiV), and canine parvovirus (CPV). The duration of immunity of this product has not been determined. For more information regarding efficacy and safety data go to productdata.aphis.usda.gov.

Composition: Canine Spectra® 5 vaccine is a combination of immunogenic, attenuated strains of CDV, CAV2, CPiV, and CPV type 2b, propagated in cell line tissue cultures. The CAV2 fraction has been shown to be effective against disease due to CAV1. This product contains a CPV2b strain which has been demonstrated effective against disease caused by CPV2c in puppies with maternal antibody. Gentamicin added as preservative.

Directions and dosage: Open the syringe by twisting or tapping the cap against a hard surface to break the heat weld. Aseptically rehydrate the vaccine cake with 1 mL of sterile diluent supplied. SHAKE WELL. Withdraw entire contents into the syringe. Administer one 1 mL dose subcutaneously. Subcutaneous administration: Lift the loose skin

behind the neck or behind the front leg and insert needle (see illustration, arrows 1 and 2). Inject entire contents of syringe. Do not inject directly into blood vessel (see note below). **IMPORTANT NOTE:** Before injecting vaccine, pull back slightly on syringe plunger. If blood enters the syringe freely, choose another injection site. All dogs should initially receive one dose of this product and a second dose 2 to 3 weeks later. The presence of maternal antibody is known to interfere with the development of active immunity in dogs and additional boosters will be required in most young animals. Historically, annual revaccination with a single dose has been recommended for this product. The need for this booster has not been established. For advice on revaccination frequency and annual booster vaccinations, consultation with a veterinarian is recommended.

Precautions: Only vaccinate healthy animals. This product has not been tested in pregnant animals. Store in the dark at 35°-45°F (2°-8°C). **DO NOT FREEZE.** Do not mix with other products, except as specified on this label. In case of anaphylactoid reaction, administer epinephrine. Inactivate all unused contents before disposal. In case of human exposure, contact a physician.



VaccinateYourPets.com

E279754
16 FEB 27

BG102777X

Produced by:
Elanco US Inc.
Fort Dodge, IA 50501 USA
VLN/PCN 196/130129

Distributed by:
Peak Marketing
Blue Springs
MO 64014 USA
Phone: 1-800-821-5570

Canine Spectra® is
a registered trademark
of Durvet, Inc.
ISS20XB08

Serial:
Exp.:

Diane



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: Duino Coat Color: Blue/Fawn

Registered name:

Breed: Italian Greyhound Sex: F

ID Number (if any): Tattoo Microchip

Barcode: 956000019914463

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

Owner Name: Michelle Carlin

Co-Owner Name: Fisher Link Development Phone: 352-915-6148

Owner Address: 13139 Montour St

City: Brakeville State: FL Zip/postal code: 32625

E-Mail (use both lines if needed): tsame@richarddmata.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



1073331

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"/>
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"/>
persistent pupillary membranes		
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"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	Grade 2-6	<input type="checkbox"/>
<input type="checkbox"/>	Grade 1 PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	Grade 2-6	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
degeneration		
<input type="checkbox"/>	ant. chamber synechia	<input type="checkbox"/>
<input type="checkbox"/>	ant. chamber	<input type="checkbox"/>

Ophthalmologist Name:

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

City: Sarasota ACVO #: 401 Zip/postal code:

Phone:

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"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

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: <i>Dominic</i>	Breed: <i>Italian Grey hound</i>	Sex: [M] <input checked="" type="checkbox"/> [F] <input type="checkbox"/>	Sire Registration #:
Pt  956000019914463		Birth Date: (mm/dd/yy) <i>03/16/26</i>	Dam Registration #:
Primary Owner Name: <i>Michelle Carlin</i>	Telephone #: <i>352-579-6116</i>	Veterinary Clinic Name: <i>Bluepearl - Sarasota</i>	
Co-Owner(s): <i>Eggar hound Development LLC</i>	Mailing Address: <i>67414 S. Tamiami Trl</i>	City: <i>Sarasota</i>	ST/PR Zip/Postal Country: <i>FL 34231 USA</i>
Mailing Address: <i>1339 Montom St</i>	Telephone #: <i>941-923-7260</i>	Date Examined: (mm/dd/yy) <i>06/13/26</i>	
City: <i>Brooksville</i>	ST/PR Zip/Postal Country: <i>FL 34613 USA</i>	Veterinarian Email Address: <i>sarasota.cardiology@bluepearlvet.com</i>	
Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) <i>Itsame@richardj.matassa.com</i>			

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 _____

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 LOT 05/2029
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 Miami, Code 956
 Store at room temperature.
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Daino #4
 63
 #4463

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"I am so grateful that I
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 AKC Reunite. It cost money I
 didn't want to spend."
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 914 463
 From Pennsylvania, I reunited with her dog
 Quigley, the day I scanned his microchip
 with AKC 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 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: AKC Reunite 2023

ENROLLMENT FORM
 ACQUISITION