Fisher Link ~ Italian Greyhound
Veteranary 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 you 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

Color BLUE
Gender (Male) Female

Date of Birth 04/18/2024

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	○	⊘	

	OVER	UNDER	NFB
BITE	○	○	○

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? 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

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

Weight (lbs/oz) 18 lbs 4 oz

Temp. (F) / Pulse (BPM) 102.0 / 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 6/10/26
Results negative
Medications Administered
Additional DX/TX/RX?

Christopher W. Cole VETERINARIAN SIGNATURE 6/10/2026 DATE

Christopher Cole VET PRINTED NAME

352 340 0720 VET PHONE NUMBER 044792 APHIS#

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

STEVEN
registered name

E24UXBS31260A
registration no.

ITALIAN GREYHOUND
breed

M
sex

film/test/lab #

04/18/2024
date of birth

tattoo/microchip/DNA profile

25
age at evaluation in months

A Not-For-Profit Organization

2713190
application number

IT-499G25M-C-VPI
O.F.A. NUMBER

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

06/24/2026
date of report

RESULTS:

No radiographic evidence of hip dysplasia is present. The consensus evaluation is: GOOD

owner
MICHELLE CARLIN
13139 MONTOUR ST
BROOKSVILLE FL 34613

OFA eCert

Verify QR scan

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

www.ofa.org

This electronic OFA certificate was generated on: 06/24/2026

This certification can be verified on the OFA website by entering the animal's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email CORRECTIONS@OFA.ORG to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806

OFA website: www.ofa.org
E-mail address: ofa@ofa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

Companion Animal Eye Registry (CAER)

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: Steven | Coat Color: Blue
Registered name: ~~[illegible]~~ ~~Blue Boy~~ Isabella Blue Boy
Breed: Italian Greyhound | Sex: M
ID Number (if any): 900023500109201 ☐ Tattoo ☐ Microchip
Registration Number: ☐ AKC ☑ Other E244xB531260A
Date of Birth (mm/dd/yy): 04/18/24 | Date of Exam (mm/dd/yy):

Owner Name: Michelle Gillin
Co-Owner Name: Fisher Ink Development | Phone: 352-775-6148
Owner Address: 8139 Montour St
City: Brooksville | State: FL | Zip/postal code: 34613
E-Mail (use both lines if needed): itsamerichardjm@yahoo.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	ACVO #	Date
[signature]	401	6/13/26

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY

1073333

GLOBE
- ☐ microphthalmos
- ☐ keratoconjunctivitis sicca
- ☐ glaucoma

EYELIDS
- ☐ entropion
- ☐ ectropion
- ☐ distichiasis
- ☐ ectopic cilia
- ☐ imperforate lacrimal punctum

NICTITANS
- ☐ cartilage anomaly/eversion
- ☐ gland prolapse
- ☐ plasmoma/atypical pannus

CORNEA
- ☐ dystrophy — epithelial/stromal
- ☐ dystrophy — endothelial
- ☐ pannus
- ☐ pigmentary keratitis/keratopathy

CORNEA (RIGHT EYE): T N A P
- ☐ endothelial opacity/no strands
- ☐ lens pigment foci/no strands
- ☐ iris sheets
- ☐ iris to cornea
- ☐ iris to lens
- ☐ iris to Iris

CORNEA (LEFT EYE): N T A P
- ☐ iris to Iris
- ☐ iris to lens
- ☐ iris to cornea
- ☐ iris sheets
- ☐ lens pigment foci/no strands
- ☐ endothelial opacity/no strands

UVEA
- ☐ uveal cyst (☐ ruptured ☐ free floating ☐ single ☐ multiple)
- ☐ iris coloboma
- ☐ iris hypoplasia
- ☐ pigmentary uveitis (☐ multiple ☐ single ☐ free floating ☐ ruptured)
- ☐ persistent pupillary membranes

LENS

CATARACT (RIGHT EYE): T N A P

CATARACT (LEFT EYE): N T A P

	Incomp.	Incip.	Punc.		Punc.	Incip.	Incomp.
☐ anterior cortex	☐	☐	☐		☐	☐	☐
☐ posterior cortex	☐	☐	☐		☐	☐	☐
☐ equatorial cortex	☐	☐	☐		☐	☐	☐
☐ anterior sutures	☐	☐	☐		☐	☐	☐
☐ posterior sutures	☐	☐	☐		☐	☐	☐
☐ nucleus	☐	☐	☐		☐	☐	☐
☐ capsular	☐	☐	☐		☐	☐	☐

- ☐ generalized/complete
- ☐ resorbing/hypermature

☐ ***Significance Unknown/Suspect Not Inherited*** ☐
- ☐ posterior Y-suture tip opacities
- ☐ subluxation/luxation

VITREOUS
- ☐ Grades 2-6 ☐ Grade 1 PHPV/PHTVL Grade 1 ☐ Grades 2-6 ☐
- ☐ persistent hyaloid artery
- ☐ degeneration

☐ ant. chamber ☐ syneresis — ☐ syneresis ☐ ant. chamber

Ophthalmologist Name: Anja Welihozkiy, DVM, DACVO
Ophthalmologist Address: Sarasota, Florida
City: | **State:** | **Zip/postal code:**
Phone: | **ACVO #:** 401
Email:

FUNDUS

RIGHT EYE / LEFT EYE

- ☐ retinal detachment (☐ detached ☐ geographic ☐ folds)
- ☐ retinal atrophy—generalized
- ☐ CMR/CMR-like retinopathy
- ☐ other presumed inherited retinopathy
- retinal dysplasia (☐ folds ☐ geographic ☐ detached)
- ☐ choroidal hypoplasia
- ☐ coloboma
- ☐ optic nerve coloboma
- ☐ optic nerve hypoplasia
- ☐ micropapilla

OTHER CONDITIONS
- ☐ Unlisted conditions suspected as **inherited**. Describe in comments
- ☐ Unlisted conditions suspected as **not inherited**

☐ **NORMAL** ☐

Comments

WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomate copy

05/14/25

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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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 Sex: [M] [F]	Sire Registration #:	Dam 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	
Mailing Address: 13139 Montour St		Telephone #: 352-340-0720	Date Radiographed: (mm/dd/yy) 06/10/26
City: Brooksville ST/PR: FL Zip/Postal: 34613 Country: USA		Veterinarian Email Address: info@gulfcoastvetspringhill.com	
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. Coleman

Fees

Animals Over 24 Months

- Hip evaluation $45.00
- Elbow evaluation $45.00
- Hip and elbow evaluations submitted together $50.00
- Litter of 3 or more submitted together $120.00

Animals Under 24 Months

- Preliminary hip evaluation $35.00
- Preliminary elbow evaluation $35.00
- Preliminary hip and elbow evaluations submitted together $40.00
- 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 _____ CVV _____

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) Fsabellas Blue Boy		Registration #:	Additional Registration #: APR 600A E24-UX-BS-31260
Call Name: Steven	Breed: Italian Greyhound	Sex: [M] [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: 34231 Country: USA
Mailing Address: 1339 Montour St			Telephone #: 941-923-7260 Date Examined: (mm/dd/yy) 06/13/26
City: Brooksville ST/PR: FL Zip/Postal: 34613 Country: 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) its.ame@richardsjmatassa.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 ☑	Abnormal ☐	Arrhythmia ☐			
Murmur Grade:	I ☐	II ☐	III ☐	IV ☐	V ☐	VI ☐
PMI:	Left ☐	Right ☐	Base ☐	Apex ☐		
Timing:	Systolic ☐	Diastolic ☐	Continuous ☐			
Extra Sounds:	Click ☐	Gallop ☐	Split S1 ☐	Split S2 ☐		

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 Check one box: ☐ Practitioner, ☐ Specialist, ☑ Cardiologist Date 6/13/26

Fees

Animals Over 12 Months $15.00
Litter of 3 or more submitted together $30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person, single payment.
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 _____

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
- [x] No other concerns noted
- [x] 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

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.

How else can we help?

- [ ] Medication Refill
- [ ] Prescription Diet Refill

- [ ] 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

Crt 1.0

Heart Rate 140 bpm

Mm PK

Pain 0 (0-4)

Resp Rate 40 bpm

Temp 101.6 °F

Weight 17.0 lb

Body Sc (1-9) 5

Dental Sc (0-4) 0

FAS (0-5) 2

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**

Oral Cavity/Teeth: **Normal**

Respiratory: **Normal**

Urogenital: **Normal**

Musculoskeletal: **Normal**

Glands/Lymph Nodes: **Normal**

Ears: **Normal**

Cardiovascular: **Normal**

Abdomen: **Normal**

Neurologic: **NOT EXAMINED**

Integumentary: **Normal**

Rectal: **NOT EXAMINED**

ORDERS

DIAGNOSTICS

DIAGNOSTICS	RESULTS	QUANTITY	COMMENTS
SNAP 4Dx Plus (Declined)		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 W. Cole, DVM

Dr. Christopher Cole

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 Lou

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	○	✓	

	OVER	UNDER	NFB
BITE	○	○	○

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

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?

Cheryl Gracy 7-25-24
BREEDER SIGNATURE DATE

Cheryl Gracy
BREEDER PRINTED NAME

Charles R Miesner DVM 7-25-24
VETERINARIAN SIGNATURE DATE

Charles R Miesner
VET PRINTED NAME

EBA6E9 — PUPPY ID NUMBER

E24-UX-BS-3126DA — REGISTRATION NUMBER

ICAR 900235001085201

479 675-2211 — VET PHONE NUMBER

020877 — APHIS#

breedersupport@petpay.com

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
3 WKS: 5/19/2024
4 WKS: 5/26/2024
5 WKS: 6/2/2024
6 WKS: 6/9/2024
7 WKS: 6/16/2024
6/23/2024
9 WKS: 6/30/2024
10 WKS: 7/7/2024
12 WKS: 7/21/2024
14 WKS: 8/4/2024
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

NEOPAR®
SER. # 7332
EXP. 28OCT25

1 Dose/1 ml
Nobivac® Puppy-DPv
CANINE DISTEMPER- PARVOVIRUS VACCINE, Modified Live Virus
For animal use only. Store at 2°-8°C. Inactivate this vial. Contains gentamicin as a preservative. See carton for complete directions.
Intervet Inc., Omaha, NE 68103 USA
VLN 165A/PCN 13P1.20
340756-03
Ser: 04020033
Exp: 10APR2025

7/24/2024

E-Z KENNEL PLUS

Staven

ICAR
900235001085201

1 Dose 1mL
Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine
Modified Live Virus
See outer package for complete directions
Inactivate all unused contents.
Store at 2° to 8°C.
Elanco US Inc., Fort Dodge, IA 50501
Phone: 888-545-5973
VLN/PCN 196/See tray card
TruCan DAPPi
VLN/PCN 196/See tray card
Ser.: E089394A
Exp.: 29 SEP 24
YL102895X
truCan DAPPi
Elanco

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truCan DAPPi
Elanco

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 Havana
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: Greyhound

Colors: Blue

VACCINATION INFO

Date Vaccinated: 7-25-24 (Month Date Year)

Next Vaccination Due Date: 7-25-25 (Month Date Year)

Manufacturer: (first 3 letters): B O E

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 DVM
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

Boehringer Ingelheim

PetLuv Spay & Neuter Clinic

Patient Chart

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

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
Birthday 5/26/2024
ID
Color Blue
Reminded (none)
Steven's weight history (in lbs)

11/17/2025 19.40

Species Canine
Breed Greyhound, Italian
Age 18m
Rabies 25-7750
Weight 19.40 lbs
Codes

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, # **Expires:** 19FEB27 **Type:** KV **Mfg:** BIAH **Admin:** RTHI		35.00
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

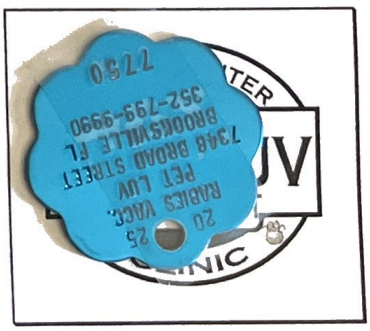
Doctor Signature & Lic. No.

Timothy . Harris
VM 2567

Rabies Vaccine Information...

MFG BY: BIAH
LOT EXP: 19FEB27

SER.NO: 18661
ADM: RTHI



1/10/26 - Bordetella