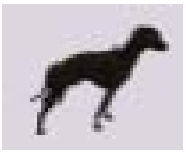


Fisher Link – Italian Greyhound

Letter of Agreement

July 4, 2026

Richard J. Matassa, Manager
Fisher Link Development, LLC
13139 Montour St.
Brooksville, FL 34613
wife@richardjmatassa.com

Alexis Smith & Evan Papa
alexismith44@gmail.com
evandpapa@gmail.com
1623 Town Commons Dr
Howell, MI 48855
(248) 605-1422

Dear Ms. Alexis Smith & Mr. "Boyfriend" Evan Papa

This Letter of Agreement ("Agreement") summarizes my understanding of the Agreement we reached today, July 4th 2026, after our chat on gooddog.com and our video call. 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:

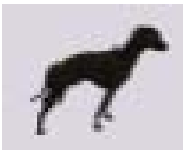
Agreement: It is my understanding that we have agreed to the following regarding:

The purchase of Daino, the Third Female Born of the Second Litter of Steven & Gina. A Blue/Fawn(fawn) Italian Greyhound, born on April 17, 2026, for Delivery on July 15-18, 2026, as agreed to within 100 miles of the address above in Howell, MI or a mutually agreed site near the MI, IN, IL border, for the sale price including delivery of $XXX, Daino at the advertised 4th of July, Sale Price of $XXX and a delivery fee of $XXX, a non-refundable deposit of $1500.00, upon agreement. Balance of $XXXX upon delivery; all payments made through gooddog.com. All is subject to an Acceptable Veterinary Health Report and Vaccination & Deworming Report. Current reports include a recent Delivery Vet Check of 07/02/2026, which has been performed. A second delivery check could be performed as late as 07/09/2026 if requested by the buyer.

This does not include breeding rights; the puppy must be spayed at 6-12 months, at your vet's discretion.

Term: The term "Term" of this Agreement will commence as of Today July 4, 20266, 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.

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




Fisher Link – Italian Greyhound

Letter of Agreement

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 g) puppy is ill or becomes injured before 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 Event, stating the period of time the occurrence is expected to continue. It shall use diligent efforts to end any failure or delay and to ensure that the effects of the Force Majeure Event 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 constitutes the entire Agreement, including tracking chip data, Veterinary Health Reports and Form, and Vaccination & Deworming Report; it is the entire Agreement 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 Daino, a 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. Should 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 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 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.

Fisher Link – Italian Greyhound

Letter of 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. Should 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 accurately reflects 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 Copy.

Sender: rjm 07/04/2026

Signature Date

Recipient: Alexis Smith 07/04/2026

Signature Date

Email: itsame@fisherlink-development.com | Phone: (352) 515-6148

Fisher Link ~ Italian Greyhound
Veteranary Health Report Form

Delivery check 07-02-2026

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: Daino
Breed: Italian Greyhound
Color: Blue/Fawn (Fawn)
Gender: Male ○ Female ⊘
Date of Birth: April 17, 2026

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

Weight (lbs/oz): 6 lbs 0 oz
Temp. (F) / Pulse (BPM): 101.7 / 150

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? _____

Explain Any Abnormalities _____

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	○	⊘	_____

Additional Details: _____
Respiratory Rate (BPM): 32

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: 7/2/26
Results: negative
Medications Administered: N
Additional DX/TX/RX? _____

BREEDER SIGNATURE _____ DATE _____

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

PUPPY ID NUMBER _____ REGISTRATION NUMBER _____ MICROCHIP NUMBER _____

VETERINARIAN SIGNATURE _____ DATE 7/2/26

Ronald Hamilton
VET PRINTED NAME

352-340-0720 VET PHONE NUMBER
0666671 APHIS#

Email: itsame@fisherlink-development.com | Phone: (352) 515-6148

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: Daino

Breed: Italian Greyhound

Color: Blue/Fawn (Fawn)

Gender: Male ○ Female ✓

Date of Birth: April 17, 2026

Body Condition Score (Circle a number): 1 2 3 4 (5) 6 7 8 9 — 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: ____

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: ____

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 — BREEDER SIGNATURE — DATE

Christopher W. Cole — VETERINARIAN SIGNATURE — 11/10/24 DATE

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

Christopher Cole — VET PRINTED NAME

PUPPY ID NUMBER | REGISTRATION NUMBER | MICROCHIP NUMBER

352 340 0720 — VET PHONE NUMBER

044792 — 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
05/07/2026	Nemex 2	2.45 LBS	#x004isldph	1.25 CC
05/26/2026	Nemex 2	3.14 LB	#x004isldph	1.82 CC
07/02/02026	nemex 2	6lb 6 oz	#827220 photo inc	3.2 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
xxxxxxxxxxxxxxx	xxxxxxxx	xxxxxxxxxxxxxx	xxxxxxxxxxxxxx	xxxxxxxxxx	Bordetella (At your veterinarian's discretion)
06-28-2026	1.0cc SQ	Michelle Carlin, RN	Cannine Spectra 5 One BG102777X - E279754 YL102777A - E255319A	Dose DA2PPV - Exp 16 Feb 2026	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

Email: itsame@fisherlink-development.com | Phone: (352) 515-6148


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
MADE IN THE USA

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°–46°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.

Diane

7 45801 44911 4

Produced by:
Elanco US Inc.
Fort Dodge, IA 50501 USA
VLN/PCN 196/13D1.29

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

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

ISS20XB08

VaccinateYourPets.com

E279754
16 FEB 27

BG102777X

Seri:
Exp:

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: Puno
Coat Color: Blue/FAWN
Registered name:
Breed: Italian greyhound
Sex: F
ID Number (if any): ☐ Tattoo ☐ Microchip
Registry: 956000019914463
Date of Birth (mm/dd/yy): 03/16/26
Date of Exam (mm/dd/yy):

Owner Name: Michelle Carlin
Co-Owner Name: Asher Link Dekelbaum Phone: 352-575-6148
Owner Address: 1339 Montcrest
City: Brooksville State: FL Zip/postal code: 34613
E-Mail (use both lines if needed):
t same@richardm
atassa.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
	401	6/13/26

Diplomate, American College of Veterinary Ophthalmologists

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

1073331

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

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 (T N A P)

endothelial opacity/no strands; lens pigment foci/no strands; iris sheets; iris to cornea; iris to lens; iris to iris
ruptured; free floating; single; multiple

UVEA
- uveal cyst
- ☐ iris coloboma ☐
- ☐ iris hypoplasia ☐
- ☐ pigmentary uveitis ☐
- persistent pupillary membranes

LENS

CATARACT (T N 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

FUNDUS
- ☐ retinal detachment ☐
- ☐ retinal atrophy—generalized ☐
- ☐ CMR/CMR-like retinopathy ☐
- ☐ other presumed inherited retinopathy ☐
- retinal dysplasia
- ☐ detached ☐ geographic ☐ folds ☐ 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

05/14/25

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
A Not-for-Profit Organization

Office Use Only

v010122

Application for Basic Cardiac Database

Registered Name: (Please do not include titles)			Registration #:	Additional Registration #:
Call Name: Dmnd	Breed: Italian Grey hound	Sex: [M] [F]	Sire Registration #:	Dam Registration #:
Pet ID: 956000019914463		Birth Date: (mm/dd/yy) 03/16/26	Veterinary Clinic Name: Bluepearl - Sarasota	
Primary Owner Name: Michelle Carlin		Telephone #: 352-379-6744	Mailing Address: 7414 S. Tamiami Trl	
Co-Owner(s): Fishor hunta Developmet LLC			City: Sarasota ST/PR: FL Zip/Postal: 34231 Country: USA	
Mailing Address: 13139 Montour ct			Telephone #: 941-923-7260	Date Examined: (mm/dd/yy) 06/13/26
City: Brooksville ST/PR: F 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) Itsame@richard J. Matissa.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

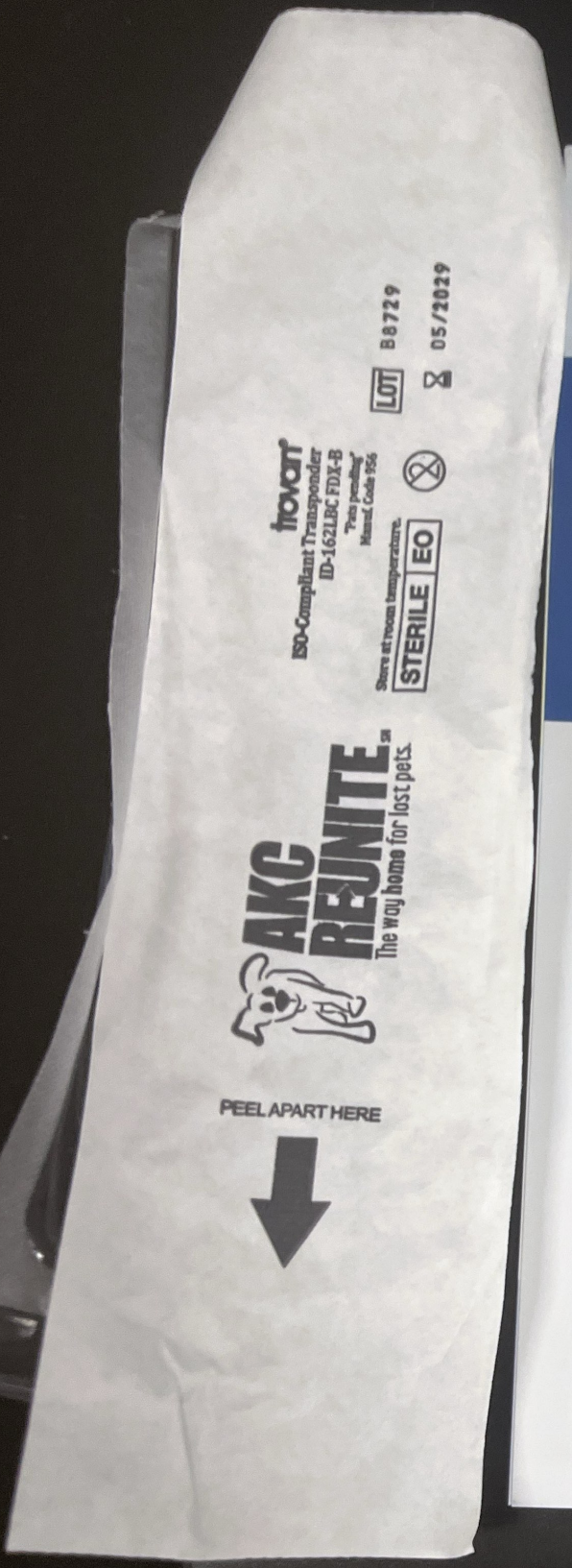
Fees
Animals Over 12 Months $15.00
Litter of 3 or more submitted together $30.00

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 _____



AKC REUNITE
The way home for lost pets

Dano #4 63
#4463

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From Pen ed with her dog Quigley, th g his microchip with AKC Reunite!

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

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8051 Arco Corporate Dr.
Suite 200
Raleigh, NC 27617

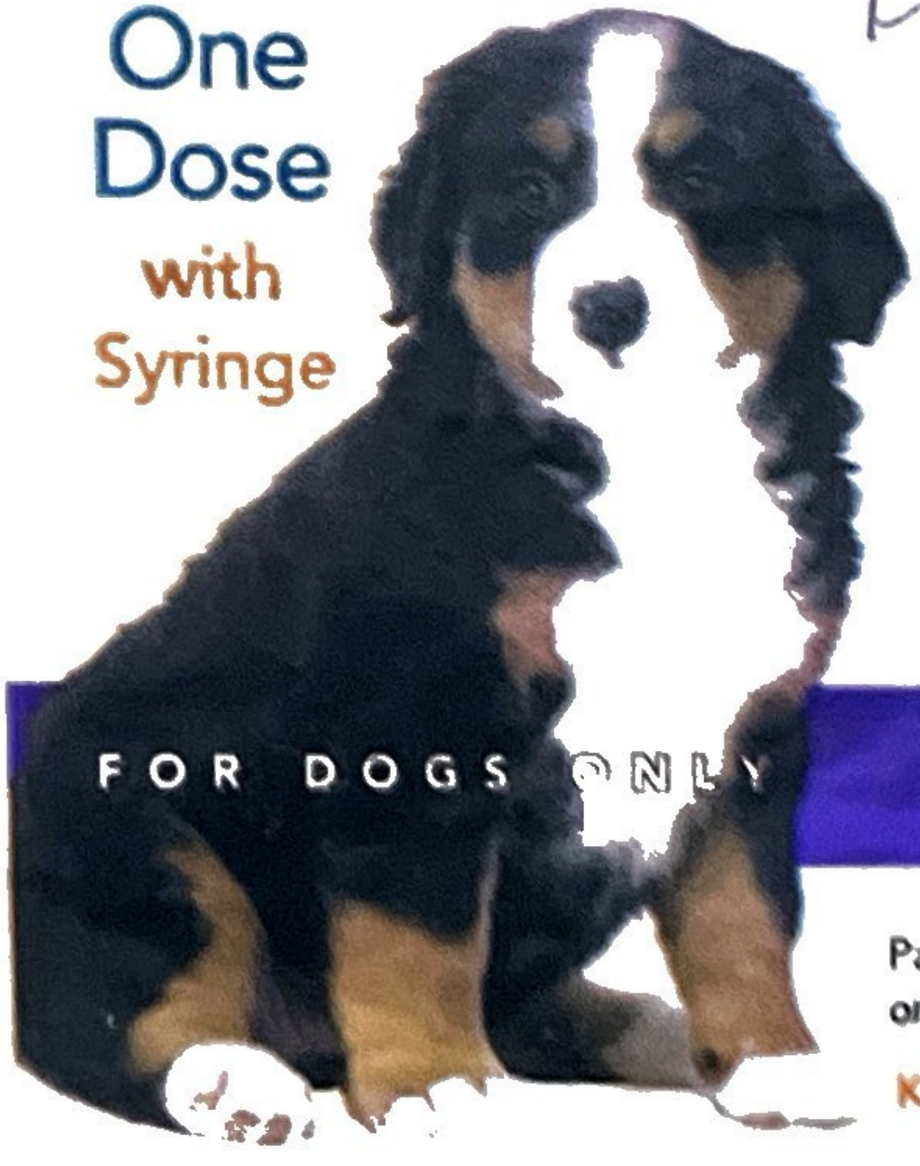
ENROLLMENT

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 – HSPCA 2023*

Dairy

One Dose with Syringe



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

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°–46°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.

7 45801 44911 4

Produced by:
Elanco US Inc.
Fort Dodge, IA 50501 USA
VLN/PCN 196/13D1.29

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

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

ISS20XB08

BG102777X

VaccinateYourPets.com

E279754
16 FEB 27

By VLN/PCN 196/ See bag

E255319A
16 FEB 27

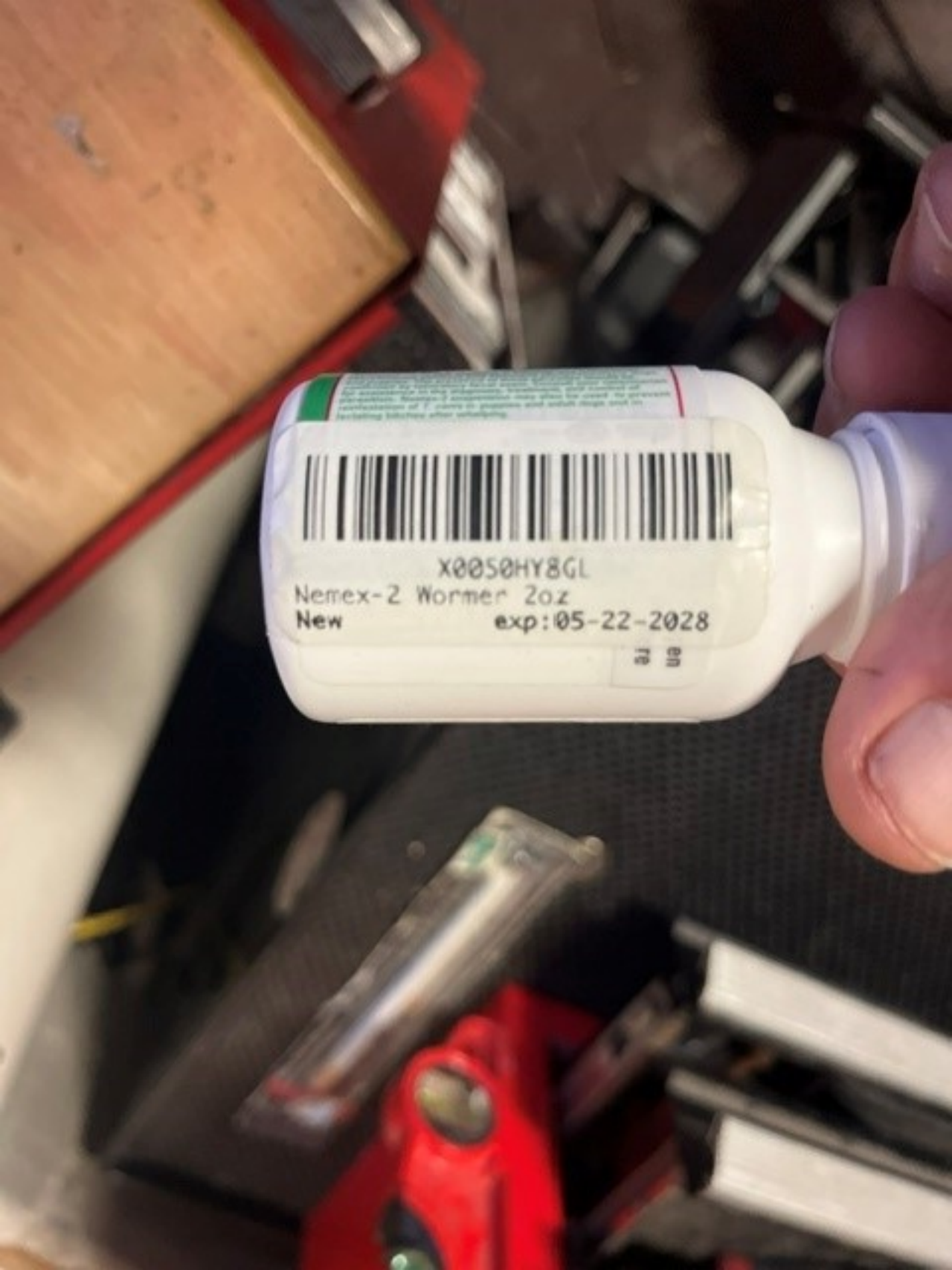
YL102777A

Ser.:
Exp.:

CDV-CAV2-CPIV-CPV MLV


CRAFTSMAN
827220
2030-MAY
exp:05-22-2028


NEMEX -2
(pyrantel pamoate
oral suspension)
CANINE ANTHELMINTIC
SUSPENSION
Lot No.: 827220
Exp. Date: 2030-MAY
2 FL OZ (60 mL)


X0050HY8GL
Nemex-2 Wormer 2oz
New
exp:05-22-2028

Contract Audit Trail

Breeder

Name: Richard Matassa

Signed: July 04, 2026 at 04:56 PM EDT

IP Address: 24.173.125.166

Buyer

Name: Alexis Smith

Signed: July 04, 2026 at 07:48 PM EDT

IP Address: 107.5.111.131

Contract Completed

Date: July 04, 2026 at 07:48 PM EDT

Status: Signed