



# Fisher Link ~ Italian Greyhound Veterinary 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 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 Angel (Ann) Girl 1

Breed Italian Greyhound

Blue&white

Color

Gender ☐ Male ☒ Female

Date of Birth April 17, 2026

**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 \_\_\_\_\_

BREEDER SIGNATURE

DATE

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

PUPPY ID NUMBER

REGISTRATION NUMBER

MICROCHIP NUMBER

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 8 oz

Temp. (F) / Pulse (BPM) 101.7 / 140

**CARDIOVASCULAR** YES NO GRADE

Heart Murmur ☐ ☒

Additional Details \_\_\_\_\_

Respiratory Rate (BPM) 30

**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 7/12/26

Results Round worms nemex 2

Medications Administered N next 5 days by

Additional DX/TX/RX? \_\_\_\_\_ weight repeat

@ 14 days

7/12/26

VETERINARIAN SIGNATURE

DATE

Ronald Hamilton

VET PRINTED NAME

352-340 0720

VET PHONE NUMBER

066671

APHIS#



# Fisher Link ~ Italian Greyhound Veterinary Health Report Form



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Name Angel (Ann) Girl 1

Breed Italian Greyhound

Blue&white

Color \_\_\_\_\_

Gender Male ☒ Female

Date of Birth April 17, 2026

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

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

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

| MUSCULOSKELETAL          | YES                   | NO                               | BILATERAL             |
|--------------------------|-----------------------|----------------------------------|-----------------------|
| Umbilical Hernia         | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Inguinal Hernia          | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| Hip Pain                 | <input type="radio"/> | <input checked="" type="radio"/> | GRADE                 |
| Unilateral Patellar Lux. | <input type="radio"/> | <input checked="" type="radio"/> | _____                 |
| Bilateral Patellar Lux.  | <input type="radio"/> | <input checked="" type="radio"/> | _____                 |

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

Weight (lbs/oz) 5 lbs 0 oz

Temp. (F) / Pulse (BPM) 101.0 / 140

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

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

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

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

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

## REQUIRED FECAL FLOTATION TEST BY VETERINARIAN

Date Given \_\_\_\_\_

Results \_\_\_\_\_

Medications Administered \_\_\_\_\_

Additional DX/TX/RX? \_\_\_\_\_

Christopher Cole 6/10/24  
VETERINARIAN SIGNATURE DATE

Christopher Cole  
VET PRINTED NAME

352 340 0720 044792  
VET PHONE NUMBER APHIS#



## Fisher Link ~ Italian Greyhound Vaccination & Deworming Report



For vaccines administered in a series (such as core puppy vaccinations), each dose must be given no more than 4 Weeks (28 days) apart to ensure proper immunity development.

Please note: While we understand individual veterinarians may follow different practices, all puppies must meet vaccination protocol to be eligible for travel. For example, rabies must be administered no later than 12 weeks of age-even for small breeds-if required by state or transport regulations. Following these guidelines helps avoid delays, disputes, and ensures a smooth process for both the breeder and buyer.

| AGE                                            | REQUIRED       | OPTIONAL                                |
|------------------------------------------------|----------------|-----------------------------------------|
| 6-8 Weeks                                      | DHPP OR DA2PPV | Bordatella                              |
| 10-12 Weeks                                    | DA2PPV         | Leptospirosis, Bordatella, Lyme Disease |
| 12-24 Weeks (depending on breeder's state law) | Rabies         |                                         |
| 14-16 Weeks                                    | DA2PPV         | Leptospirosis, Bordatella, Lyme Disease |
| 18-20 Weeks                                    | DHPP           |                                         |
| 1 Year                                         | DHPP / Rabies  |                                         |
| 3 Years                                        | DHPP / Rabies  |                                         |

### Deworming History

If any of these do not apply to your veterinary protocol, please indicate "too young" or "N/A".

| DATE ADMINISTERED | PRODUCT NAME AND MANUFACTURER |           |                   | DOSE    |
|-------------------|-------------------------------|-----------|-------------------|---------|
| 05/07/2026        | Nemex 2                       | 2.85 LBS  | #x004islph        | 1.7 CC  |
| 05/26/26          | Nemex 2                       | 3.1 LB    | #x004islph        | 1.88 CC |
| 07/02/2026        | nemex 2                       | 6 lb 8 oz | #827220 photo inc | 3.25 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<br>BG102777X - E279754 | Dose DA2PPV -<br>exp. 16 FEB 2027 | Distemper / Parvo / Adenovirus / Parainfluenza Combo |
| XXXXXXXXXXXXXXXX                            | XXXXXXXX      | XXXXXXXXXXXX              | XXXXXXXXXXXX                                | XXXXXXXXXXXX                      | Bordetella (At your veterinarian's discretion)       |
| 06-28-2026                                  | 1.0cc SQ      | Michelle Carlin, RN       | BG102777X - E279754<br>YL102777A - E255319A | Dose DA2PPV -<br>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.

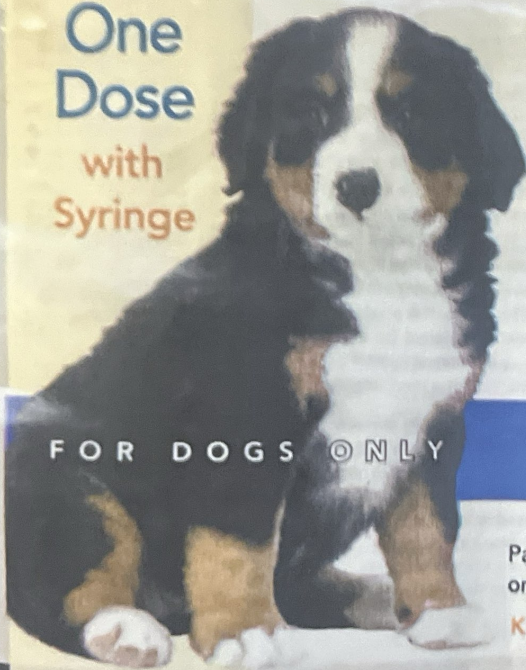
Fisher Link Development LLC - Richard Matassa & Michelle Carlin

BREEDER NAME

PUPPY ID NUMBER



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



# 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: Ange/Cann Coat Color: Blue/white

Registered name: \_\_\_\_\_

Breed: Italian Greyhound Sex: R

ID Number (if any): 956000019915184 ☐ Tattoo ☐ Microchip

Date of Birth (mm/dd/yy): \_\_\_\_\_ Date of Exam (mm/dd/yy): \_\_\_\_\_

Owner Name: Michelle Curlin

Co-Owner Name: Fisher Link Development Phone: 352515648

Owner Address: 1321 Montour St

City: Brooksville State: FL Zip/postal code: 34613

E-Mail (use both lines if needed): it same arn chard j m  
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: Gia Jullig ACVO #: 401 Date: 6/10/26

Diplomate, American College of Veterinary Ophthalmologists

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



1073332

WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomate 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"/> |            |
| <b>EYELIDS</b>                                                      |                                  |       |                          |            |
| <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"/> |            |
| <b>NICTITANS</b>                                                    |                                  |       |                          |            |
| <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"/> |            |
| <b>CORNEA</b>                                                       |                                  |       |                          |            |
| <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"/> |            |
| <b>UVEA</b>                                                         |                                  |       |                          |            |
| <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"/> |            |
| <b>LENS</b>                                                         |                                  |       |                          |            |
| <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"/> subluxation/luxation                       |                                  |       |                          |            |
| <b>VITREOUS</b>                                                     |                                  |       |                          |            |
| <input type="checkbox"/>                                            | Grades 2-6                       |       | <input type="checkbox"/> | Grades 2-6 |
| <input type="checkbox"/>                                            | Grades 1                         |       | <input type="checkbox"/> | Grades 1   |
| <input type="checkbox"/>                                            | Grades 2-6                       |       | <input type="checkbox"/> | Grades 2-6 |
| <input type="checkbox"/>                                            | Grades 1                         |       | <input type="checkbox"/> | Grades 1   |
| <input type="checkbox"/>                                            | Grades 2-6                       |       | <input type="checkbox"/> | Grades 2-6 |
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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) <u>Pending</u>                       |                                                                                                                                                 | Registration #:                                                         | Additional Registration #: |
| Call Name: <u>Ange (Cam)</u>                                                         | Breed: <u>Italian Greyhound</u>                                                                                                                 | Sex: [ M ] [ F ]                                                        | Sire Registration #:       |
| Permanent ID: <u>956000019915184</u>                                                 | Birth Date: (mm/dd/yy) <u>03/16/2026</u>                                                                                                        | Dam Registration #:                                                     |                            |
| Pnm: <u>956000019915184</u>                                                          | Telephone #:                                                                                                                                    | Veterinary Clinic Name: <u>Bluepearl-Sarasota</u>                       |                            |
| Co-Owner(s): <u>Michelle Corliss</u>                                                 | Mailing Address: <u>7414 S. Tamiami Trail</u>                                                                                                   |                                                                         |                            |
| <u>Fisherhmk Developret LLC</u>                                                      | City: <u>Sarasota</u> ST/PR <u>FL</u> Zip/Postal <u>34231</u> Country: <u>USA</u>                                                               | Date Examined: (mm/dd/yy) <u>06/13/26</u>                               |                            |
| Mailing Address: <u>13139 Montebello St</u>                                          | Telephone #: <u>941-923-7260</u>                                                                                                                | Veterinarian Email Address: <u>sarasota.cardiology@bluepearlvet.com</u> |                            |
| City: <u>Brooksville</u> ST/PR <u>FL</u> Zip/Postal <u>34613</u> Country: <u>USA</u> | Primary Owner Email Address: (Please write carefully and legibly, OFA reports will be emailed to this address) <u>itsame@richardjonatascacm</u> |                                                                         |                            |

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 \_\_\_\_\_

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 \_\_\_\_\_

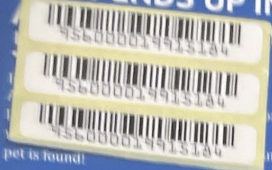
Exp date MM/YY \_\_\_\_\_

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05/2029

**Novartis**  
EU-Complaint Triage Center  
ID-16ZLBC.VTJ-B

**A PET ENDS UP IN**



pet is found

Enroll Today at  
[www.akcreunite.org](http://www.akcreunite.org) or.



Scare me  
to enroll!

For more information, contact us:

 [www.akcreunite.org](http://www.akcreunite.org)  
 800-252-7894  
 919-816-3828  
 [found@akcreunite.org](mailto:found@akcreunite.org)

"I am so grateful that I enrolled his microchip with AKC Reunite. The money I

800-252-7894  
AKC REUNITE ID #

From Penny, 956 000 012 with her dog  
Quigley, thank you for his microchip  
with Arlo, reunite!

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: ASPCA 2023



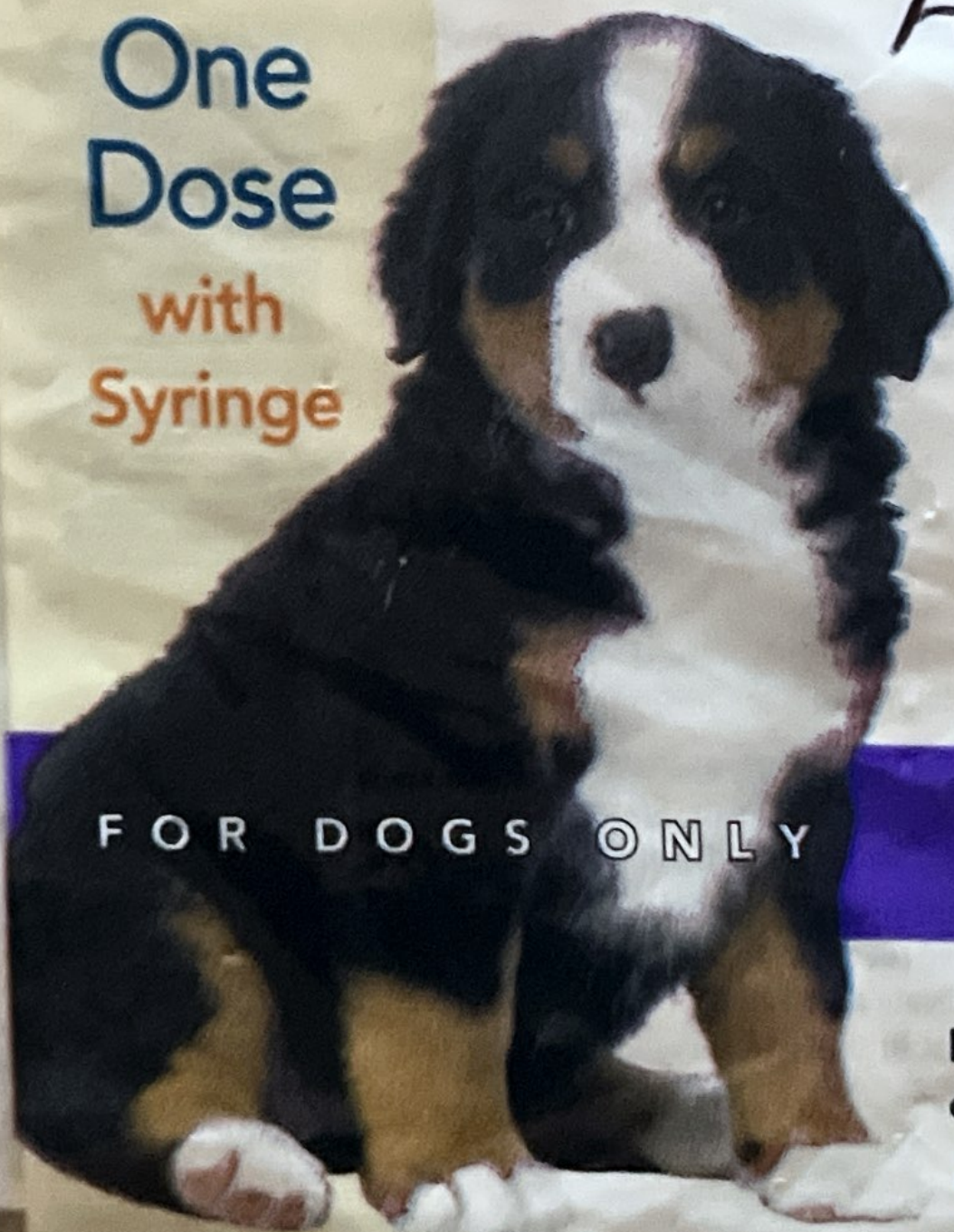
www.vetmed.com

TS 839 01

4210123

BC10531X

One  
Dose  
with  
Syringe



FOR DOGS ONLY

Angel

# 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](http://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.



Administration sites.

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



VaccinateYourPets.com

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16 FEB 27

Mfg by VLN/PCN 196/See bag

Lot:

E255319A

Exp:

16 FEB 27

BG102777A

YL102777A

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CRAFTSMAN



Lot No: 827220  
Exp Date: 2030-MAY

New  
Norel-2 Bother 202  
exp: 05-22-2028  
K2050765C1  
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08



**NEMEX-2**

(pyrantel pamoate  
oral suspension)

**CANINE ANTHELMINTIC  
SUSPENSION**



Active Ingredient: 4.54 mg of  
pyrantel base as pyrantel pamoate per mL

**— FOR ANIMAL USE ONLY —**

**2 FL OZ (60 mL)**

Approved by FDA under NADA 141-012

Lot No.:  
Exp. Date:

**827220**  
**2030-MAY**



X0050HY8CL

Nerx-2 Wormer 2oz

exp: 05-22-2028

New

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For information on the effectiveness of this product, please refer to the product literature. This product is not intended for use in animals that are pregnant or nursing. Consult your veterinarian for more information. © 2008 Fort Dodge Animal Health, a division of Wyeth. All rights reserved.