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: Argento (Boy 1) Puppy 1
Breed: Italian Greyhound
Color: Blue/Fawn & White
Gender: x Male ○ Female
Date of Birth: April 17, 2026

SKIN AND COAT	YES	NO
Fleas/Ticks	○	ø
Alopecia	○	ø
Signs of Infection	○	ø

Additional Details: _____

EYES	YES	NO	BILATERAL
Abnormal Discharge	○	ø	○
Vision Problems	○	ø	○
Eyelash Disorders	○	ø	○
Cherry Eye	○	ø	○

Additional Details: _____

MOUTH, TEETH, GUMS	YES	NO	SIZE(CM)
Malocclusion	○	ø	

	OVER	UNDER	NFB
BITE	○	○	ø

Additional Details: _____

MUSCULOSKELETAL	YES	NO	BILATERAL
Umbilical Hernia	○	ø	
Inguinal Hernia	○	ø	○
Hip Pain	○	ø	GRADE
Unilateral Patellar Lux.	○	ø	
Bilateral Patellar Lux.	○	ø	

	YES	NO	NFB	SIZE(CM)
Open Fontanelle	○	ø	○	

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

Weight (lbs/oz): 8 lbs 9 oz

Temp. (F) / Pulse (BPM): 101.6 / 140

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	○	ø	

Additional Details: _____

Respiratory Rate (BPM): 30

RESPIRATORY	YES	NFB	NO
Coughing/Congestion	○		ø
Stenotic Nares	○	○	ø

Additional Details: _____

EARS	YES	NO	BILATERAL
Abnormal Debris/ Discharge	○	ø	○
Ear Mites	○	ø	○
Signs of Infection	○	ø	○
Hearing Difficulties	○	ø	○

Additional Details: _____

UROGENITAL	YES	NO
Redundant Vulva	○	○
Undescended Testicles/Cryptorchid	○	ø

Additional Details: _____

GASTROINTESTINAL	YES	NO
History of Vomiting	○	ø
History of Diarrhea	ø	○

Additional Details: _____

REQUIRED FECAL FLOTATION TEST BY VETERINARIAN

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

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

8 weeks
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: Argento (Boy 1) Puppy 1

Breed: Italian Greyhound

Color: Blue/Fawn & White

Gender: x Male ○ Female

Date of Birth: April 17, 2026

SKIN AND COAT	YES	NO
Fleas/Ticks	○	X
Alopecia	○	X
Signs of Infection	○	X

Additional Details: _____

EYES	YES	NO	BILATERAL
Abnormal Discharge	○	X	○
Vision Problems	○	X	○
Eyelash Disorders	○	X	○
Cherry Eye	○	X	○

Additional Details: _____

MOUTH, TEETH, GUMS	YES	NO	SIZE(CM)
Malocclusion	○	X	_____

	OVER	UNDER	NFB
BITE	○	○	○

Additional Details: _____

MUSCULOSKELETAL	YES	NO	BILATERAL
Umbilical Hernia	○	X	
Inguinal Hernia	○	X	○
Hip Pain	○	X	GRADE
Unilateral Patellar Lux.	○	X	_____
Bilateral Patellar Lux.	○	X	_____

	YES	NO	NFB	SIZE(CM)
Open Fontanelle	○	X	○	_____

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): 6 lbs 4.8 oz

Temp. (F) / Pulse (BPM): 100.6 / 140

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	○	X	_____

Additional Details: _____

Respiratory Rate (BPM): _____

RESPIRATORY	YES	NFB	NO
Coughing/Congestion	○		X
Stenotic Nares	○	○	X

Additional Details: _____

EARS	YES	NO	BILATERAL
Abnormal Debris/ Discharge	○	X	○
Ear Mites	○	X	○
Signs of Infection	○	X	○
Hearing Difficulties	○	X	○

Additional Details: _____

UROGENITAL	YES	NO
Redundant Vulva	○	X
Undescended Testicles/Cryptorchid	○	X

Additional Details: _____

GASTROINTESTINAL	YES	NO
History of Vomiting	○	X
History of Diarrhea	○	X

Additional Details: _____

REQUIRED FECAL FLOTATION TEST BY VETERINARIAN

Date Given: _____

Results: _____

Medications Administered: _____

Additional DX/TX/RX? _____

Christopher W. Cole, VMD — VETERINARIAN SIGNATURE — 4/10/26 DATE

Christopher Cole
VET PRINTED NAME

352 340 0788 — VET PHONE NUMBER

044792 — APHIS#

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

Fisher Link ~ Italian Greyhound Vaccination & Deworming Report

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

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

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

Deworming History

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

DATE ADMINISTERED	PRODUCT NAME AND MANUFACTURER	DOSE
05/07/2026	Nemex 2 2.75 LBS #x004isldph	1.66 CC
05/26/26	Nemex 2 4.5 LBS #004isldph	2.72 CC
07-02-2026	nemex 2 8 lb 9 oz #3827220 photo inc	4.3 cc

ADMINISTERED DATE OF VACCINE (EX. 09/19/18)	ROUTE (IN/SQ)	INITIALS OF ADMINISTRATOR	MANUFACTURER	LOT NUMBER/ STICKER	VACCINATIONS
05-29-2026	1.0 CC SQ	Michelle Carlin, RN	Canine Spectra 5 One BG102777X - E279754	Dose DA2PPV - exp. 16 FEB 2027	Distemper / Parvo / Adenovirus / Parainfluenza Combo
XXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	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

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.

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

Deworming History

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

DATE ADMINISTERED	PRODUCT NAME AND MANUFACTURER			DOSE
05/07/2026	Nemex 2	2.75 LBS	#x004isldph	1.66 CC
05/26/26	Nemex 2	4.5 LBS	#004isldph	2.72 CC

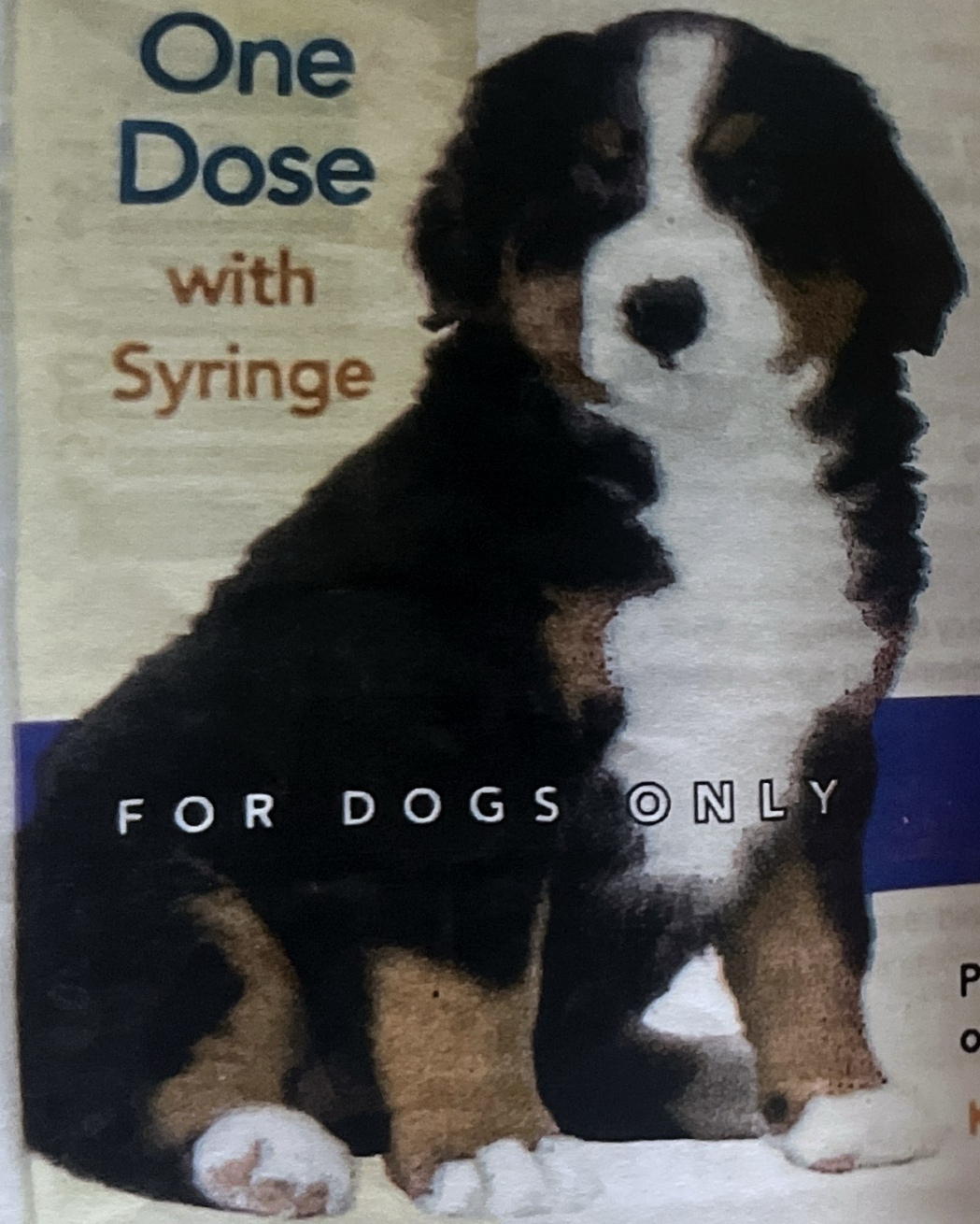
ADMINISTERED DATE OF VACCINE (EX. 09/19/18)	ROUTE (IN/SQ)	INITIALS OF ADMINISTRATOR	MANUFACTURER	LOT NUMBER/ STICKER	VACCINATIONS
05-29-2026	1.0 CC SQ	Michelle Carlin, RN	Canine Spectra 5 One BG102777X - E279754	Dose DA2PPV - exp. 16 FEB 2027	Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Bordetella (At your veterinarian's discretion)
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Corona (At your veterinarian's discretion)
					Distemper / Parvo / Adenovirus / Parainfluenza Combo
					Corona (At your veterinarian's discretion)
					Rabies (must be administered by your veterinarian)
					Bordetella (At your veterinarian's discretion)

PLEASE ATTACH REGISTRATION PAPERWORK

Your puppy will not be cleared to travel without a completed registration document.

Fisher Link Development LLC - Richard Matassa & Michelle Carlin
BREEDER NAME

PUPPY ID NUMBER



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.

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

ISS20XB08

7 45801 44911 4

VaccinateYourPets.com

BG102777X

E279754

16 FEB 27

Ser.:
Exp.:

Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573)875-5073
www.offa.org A not-for-profit organization

Companion Animal Eye Registry (CAER)

Call name: Argento
Registered name:
Coat Color: Blue
Breed: Italian Greyhound
Sex: M
ID Number (if any): ☐ Tattoo ☐ Microchip
Registration #: 956000019915256
Date of Birth (mm/dd/yy): 03/26/26
Date of Exam (mm/dd/yy):
Owner Name: Michelle Carlin
Co-Owner Name: Fisher Linda Evelyn Phone: 352-515-6148
Owners Address: 13139 Montour St
City: Brooksville State: FL Zip/postal code: 34613
E-Mail (use both lines if needed): ltsgame@richandjmatassa.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

1073329

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

RIGHT EYE / LEFT EYE

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

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

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 ☐

CORNEA (T N A P)
multiple ☐ single ☐ free floating ☐ ruptured ☐
iris to iris ☐ iris to lens ☐ iris to cornea ☐ iris sheets ☐ lens pigment foci/no strands ☐ endothelial opacity/no strands ☐

LENS

CATARACT (T N A P)

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

CATARACT (T N A P)

- ☐ generalized/complete
- ☐ resorbing/hypermature

☐ ***Significance Unknown/Suspect Not Inherited*** ☐

- ☐ posterior Y-suture tip opacities
- ☐ subluxation/luxation

VITREOUS
ant. chamber ☐ ☐ syneresis
Grades 2-6 ☐ Grade 1 ☐ PHPV/PHTVL Grade 1 ☐ Grades 2-6 ☐
- ☐ persistent hyaloid artery
- degeneration

syneresis ☐ ☐ ant. chamber

RIGHT EYE / FUNDUS / LEFT EYE

detached ☐ geographic ☐ folds ☐
- ☐ retinal detachment
- ☐ 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
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: Amerito	Breed: Tylin Greyhound	Sex: [M] [F]	Sire Registration #:	Dam Registration #:
Pen: 956000019915256		Birth Date: (mm/dd/yy) 03/16/26	Veterinary Clinic Name: Bluepearl - Sarasota
Primary Owner Name: Michelle Carlin		Telephone #:	Mailing Address: 7445. Tamiami TRl
Co-Owner(s): Fisher Lintz Development LLC			City: Sarasota ST/PR: FL Zip/Postal: 34231 Country: USA
Mailing Address: 339 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) hsame@richd.jmatessa.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℠
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A Rento #5256

A PET ENDS UP I… A SHELTER EVER… 5 SECONDS‡

Entrusted by millions of pet owners, AKC Reunite has helped over half a milli… pets find their way back home.

We will call, email and text you when your pet is found!

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"I am so grateful that I enrolled h… microchip with AKC Re… Best money I …t!"

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AKC REUNITE ID #
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From Pe… ed with her dog Quigley, …g his microchip …eunite!

For more information, contact us:

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

Mail your completed form with payment to this address:

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

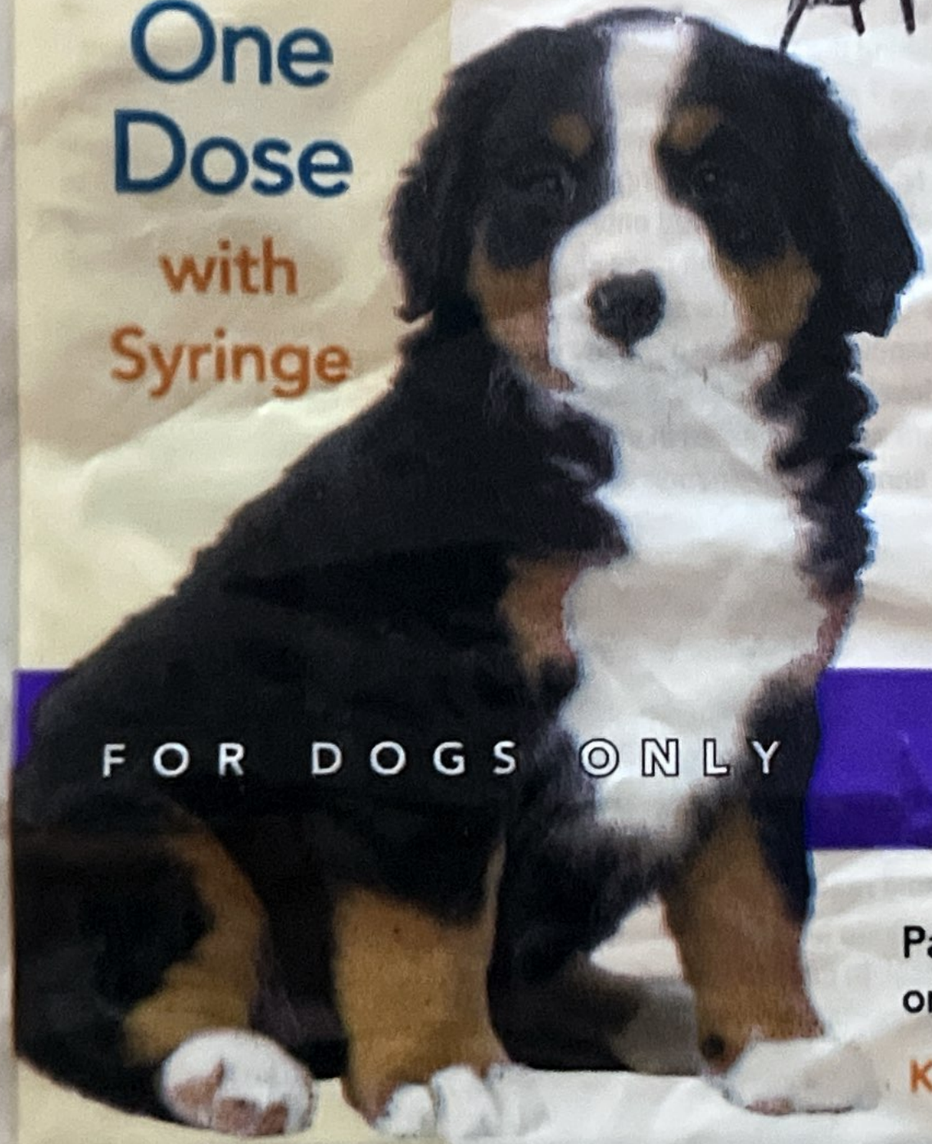
ENROLLMENT FORM
AQCHP3 11/24

Enrollment in AKC Reunite will help to ensure the safe return of your pet when they are found, but does not signify ownership. Pricing, terms and services are subject to change.

** Source: American Humane August 2016 | † Source – Human Animal Support Services 2023 | ‡ Source – ASPCA 20…*

ARGE

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.

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Produced by:
Elanco US Inc.
Fort Dodge, IA 50501 USA
VLN/PCN 196/130L29

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

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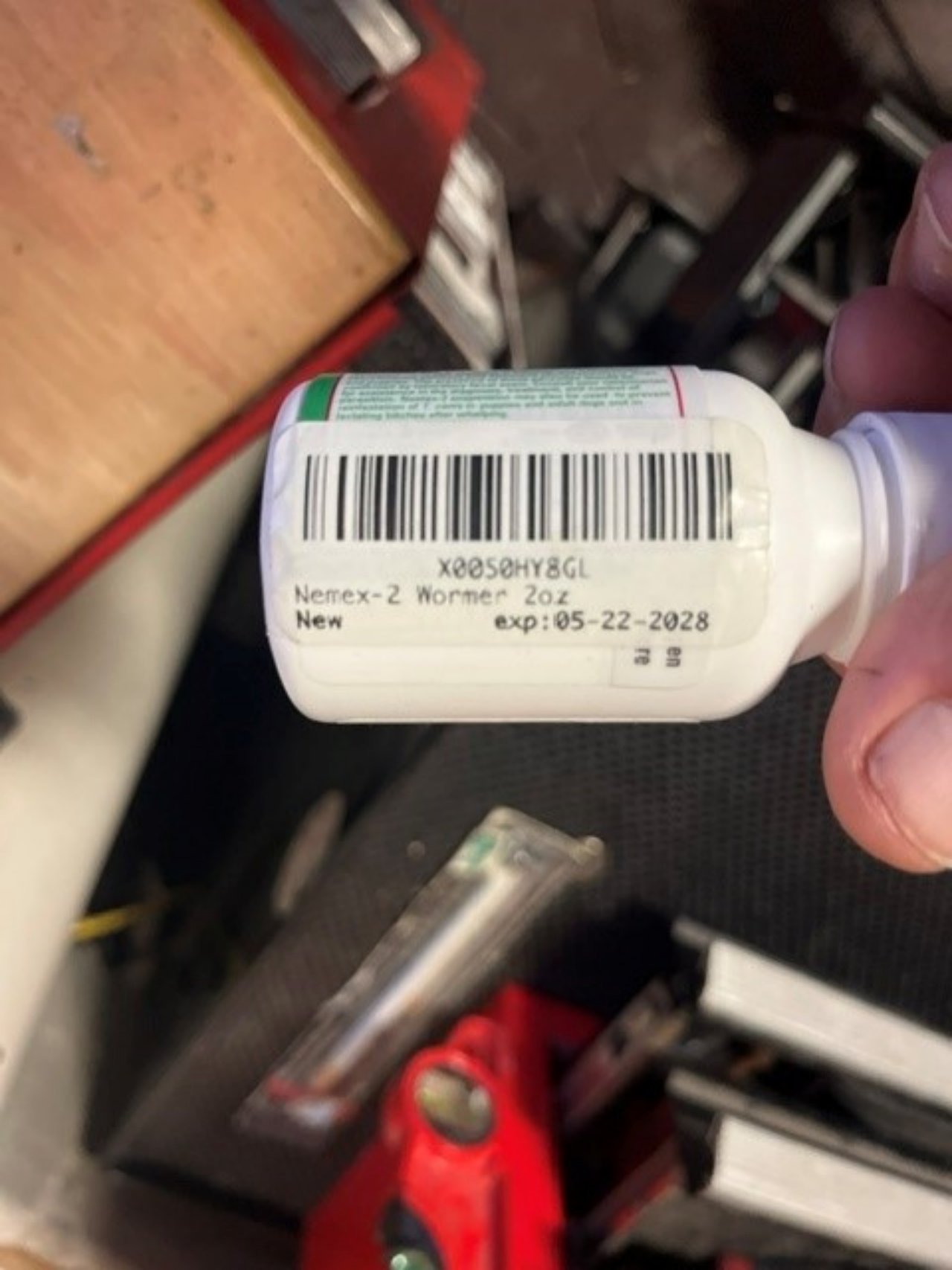
Mfd by VLN/PCN 196/ See bag
Ser:
Exp:
E255319A
16 FEB 27
YL102777A

PEEL HERE
CDV-CAV2-CPIV-CPV MLV

BG102777X
E279754
16 FEB 27
Ser:
Exp:


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)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