



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 Daino
Breed Italian Greyhound
Color Blue/Fawn (Fawn)
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	☐	☒	☐
	☐	☐	☐
BITE	☐	☐	☒
Additional Details _____			

MUSCULOSKELETAL	YES	NO	BILATERAL
Umbilical Hernia	☐	☒	☐
Inguinal Hernia	☐	☒	☐
Hip Pain	☐	☒	☐
Unilateral Patellar Lux.	☐	☒	☐
Bilateral Patellar Lux.	☐	☒	☐

	YES	NO	NFB	SIZE(CM)
Open Fontanelle	☐	☒	☐	☐
Additional Details _____				
Hist. of Past Surgery? _____				

Explain Any Abnormalities _____

BREEDER SIGNATURE

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 0 oz

Temp. (F) / Pulse (BPM) 101.7 / 150

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	☐	☒	☐
Additional Details _____			
Respiratory Rate (BPM)	<u>32</u>		

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? _____

VETERINARIAN SIGNATURE
Ronald Hamilton
VET PRINTED NAME
352-340-0720
VET PHONE NUMBER
066671
APHIS#



Fisher Link ~ Italian Greyhound Veteranary Health Report Form



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Name Daino
Breed Italian Greyhound
Color Blue/Fawn (Fawn)
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 ☐ ☒ ☐
BITE OVER UNDER NFB
Additional Details _____

MUSCULOSKELETAL YES NO BILATERAL
Umbilical Hernia ☐ ☒ ☐
Inguinal Hernia ☐ ☒ ☐
Hip Pain ☐ ☒ ☐
Unilateral Patellar Lux. ☐ ☒ ☐
Bilateral Patellar Lux. ☐ ☒ ☐
Additional Details _____

Open Fontanelle YES NO NFB SIZE(CM)
Additional Details _____
Hist. of Past Surgery? NO

Explain Any Abnormalities _____

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

Weight (lbs/oz) 4 lbs 89 oz

Temp. (F) / Pulse (BPM) _____

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 11/10/24
VETERINARIAN SIGNATURE DATE

Christopher COLE
VET PRINTED NAME

352 340 0720 044792
VET PHONE NUMBER APMIS#

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

PUPPY ID NUMBER

REGISTRATION NUMBER

MICROCHIP NUMBER



Fisher Link ~ Italian Greyhound Vaccination & Deworming Report



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

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

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

Deworming History

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

DATE ADMINISTERED	PRODUCT NAME AND MANUFACTURER	DOSE
05/07/2026	Nemex 2 2.45 LBS #x004isldph	1.25 CC
05/26/2026	Nemex 2 3.14 LB #x004isldph	1.82 CC
07/02/2026	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
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	Bordetella (At your veterinarian's discretion)
06-28-2026	1.0cc SQ	Michelle Carlin, RN	Canine 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

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



19 FEB 21
E310294

BG103222X

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 (CPV), 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, CPV, 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 196/130129

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

E279754
16 FEB 27

BG102777X

Serial
Exp.

Diane



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

www.ofa.org, A not-for-profit organization

Cell name: Dino	Coat Color: Blue/Fawn
Registered name:	
Breed: Italian Greyhound	Sex: F
ID Number (if any): 956000019914463	☐ Tattoo ☒ Microchip
Date of Birth (mm/dd/yy): 03/16/26	
Date of Exam (mm/dd/yy):	
Owner Name: Michelle Carlin	
Co-Owner Name: Fisher Link Development	
Phone: 352-956-1486	
Owner Address: 13139 Montclair St	
City: Brakeville	State: FL
Zip/postal code: 34623	
E-Mail (use both lines if needed): tsame@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 J. J. J. J.	ACVO # 401	Date 6/13/26
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Diplomate, American College of Veterinary Ophthalmologists

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



1073331

Companion Animal Eye Registry (CAER)

RIGHT EYE	GLOBE	LEFT EYE
☐	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	☐
LENS		
☐	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 2-4 PHPV/PHTVL	☐
☐	Grades 2-4 persistent hyaloid artery	☐
☐	degeneration	☐

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

RIGHT EYE	FUNDUS	LEFT EYE
☐	retinal detachment	☐
☐	retinal atrophy — generalized	☐
☐	CMR/CMR-like retinopathy	☐
☐	other presumed inherited retinopathy	☐
retinal dysplasia		
☐	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	☐
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Comments

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

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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)		Registration #:	Additional Registration #:
Call Name: <u>Dingo</u>	Breed: <u>Italian Greyhound</u>	Sex: [M] ☒ [F] ☐	Sire Registration #:
Pt. <u>956000019914463</u>		Birth Date: (mm/dd/yy) <u>03/16/26</u>	Dam Registration #:
Primary Owner Name: <u>Michelle Carlin</u>		Veterinary Clinic Name: <u>Bluepearl - Sarasota</u>	
Co-Owner(s): <u>Fisher Luma Development LLC</u>		Telephone #: <u>352-579-7414</u>	Mailing Address: <u>6114 S. Tamiami Trl</u>
Mailing Address: <u>1339 Montom St</u>		City: <u>Sarasota</u>	ST/PR <u>FL</u>
City: <u>Brookville</u>		Zip/Postal <u>34231</u>	Country: <u>USA</u>
Primary Owner Email Address: (Please write carefully and legibly. OFA reports will be emailed to this address) <u>Itsame @ richard J. Matassa, Carl</u>		Telephone #: <u>941-923-7260</u>	Date Examined: (mm/dd/yy) <u>06/13/26</u>
		Veterinarian Email Address: <u>sarasota.cardiology@bluepearlvet.com</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	☒	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 _____

ISO-Compliant Transponder
ID-162LBC FDX-B
"Pet pending"
Hazard Code 956

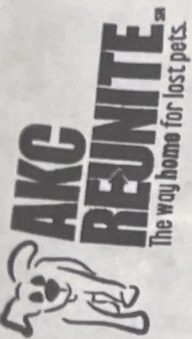
88729

LOT

05/2029



STERILE EO



PEEL APART HERE



**AKC
REUNITE**
The way home for lost pets.

Daino #463

#4463

A PET ENDS UP IN



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*Scan me
to enroll!*

**"I am so grateful that I
enrolled my microchip with
AKC Reunite. It cost money I
didn't want to spend."**

800-252-7894
AKC REUNITE ID #

956 000 019
914 463

From Pennsylvania, I enrolled with her dog
Quigley, then found him using his microchip
with AKC Reunite!

For more information, contact us:

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

Mail your completed form with
payment to this address:

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

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

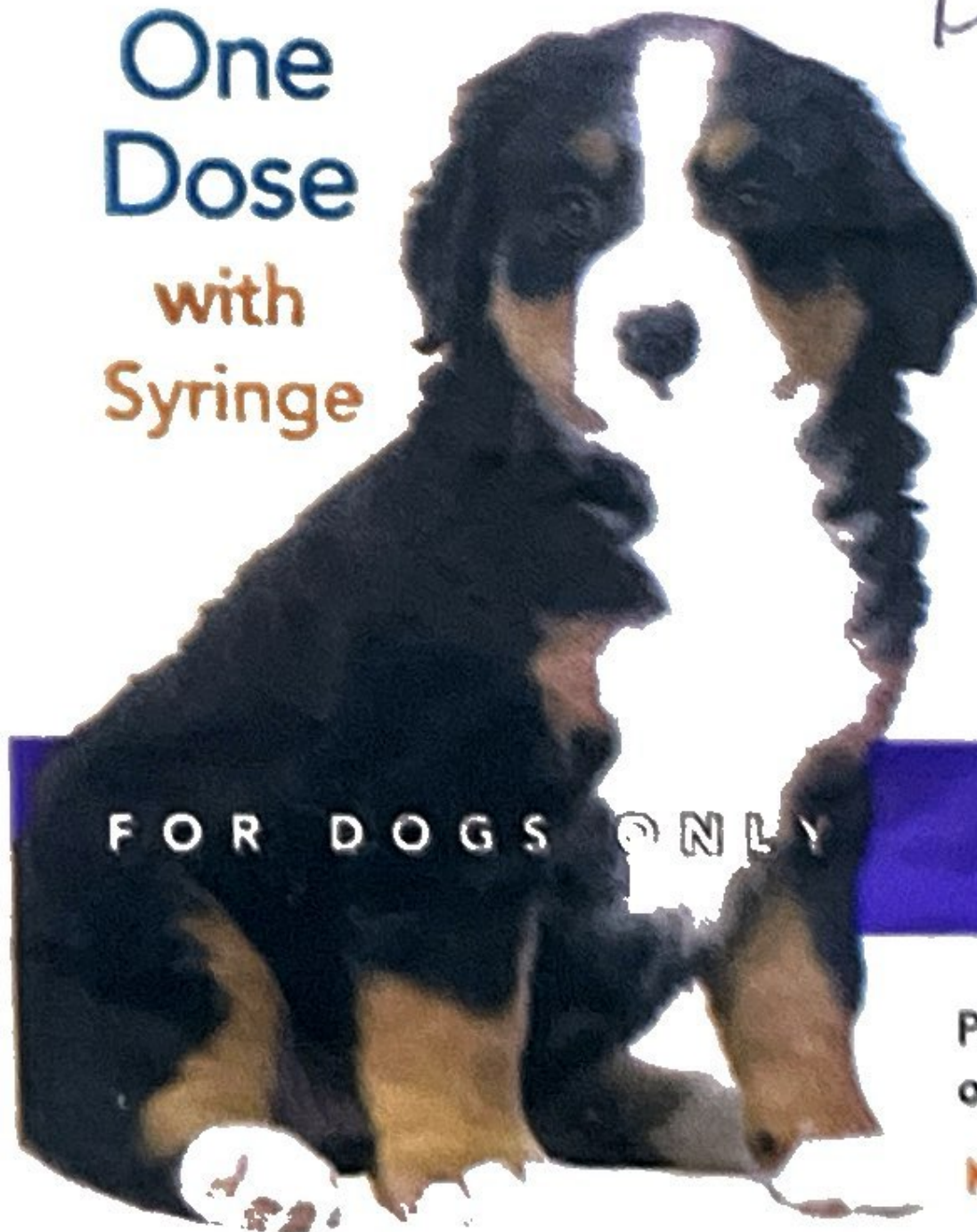
* Source: American Humane August 2016 / † Source - Human Animal Support Services 2023 / ‡ Source - ASPCA 2023

ENROLLMENT FORM
AKC REUNITE



modestfury.com

One
Dose
with
Syringe



Daino

Canine Distemper- Adenovirus Type 2- Parainfluenza- Parvovirus Vaccine

Modified Live Virus

FOR DOGS ONLY

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.

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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
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ISS20XB08



VaccinateYourPets.com

E279754

16 FEB 27

by VLN/PCN 196/ See bag

E255319A
16 FEB 27

YL102777A

Ser.:
Exp.:

BG102777X

CDV-CAV2-CPV-CPIV MLV

CRAFTSMAN



Lot No: 827220
Exp Date: 2030-MAY

exp: 05-22-2028
NORX-2 NORX-202
KAP050765C1
US



NEMEX-2

(pyrantel pamoate
oral suspension)

**CANINE ANTHELMINTIC
SUSPENSION**



Active Ingredient: 4.5 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

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

