Fisher Link ~ Italian Greyhound
Veteranary Health Report Form

deliver 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 Dutchess

Breed Italian Greyhound

Color Blue&white

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) 9 lbs 3 oz

Temp. (F) / Pulse (BPM) 101.8 / 120

CARDIOVASCULAR	YES	NO	GRADE
Heart Murmur	○	✓	

Additional Details

Respiratory Rate (BPM) 28

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 Round worms

Medications Administered N

Additional DX/TX/RX? nemex 2 by weight 5 days than in 2 weeks repeat

VETERINARIAN SIGNATURE _____ DATE 7/2/26

Ronald Hamilton
VET PRINTED NAME

352-370-0720 VET PHONE NUMBER 0666671 APHIS#

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

Fisher Link ~ Italian Greyhound
Veteranary Health Report Form

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Name Dutchess

Breed Italian Greyhound

Color Blue&white

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 85 oz

Temp. (F) / Pulse (BPM) 100.3 / 140

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? ND

Explain Any Abnormalities

BREEDER SIGNATURE DATE

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

PUPPY ID NUMBER REGISTRATION NUMBER MICROCHIP NUMBER

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 4/10/26
VETERINARIAN SIGNATURE DATE

Christopher Cole
VET PRINTED NAME

352 340 0720 044792
VET PHONE NUMBER 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	2.1 LBS	#x004isldph	1.25 CC
05/26/26	Nemex 2	4.5 LB	#x004isldh	2.72 CC
07-02-20226	nemex 2	9 lb 3 oz	#827220 photo inc	4.6 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	xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxx	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

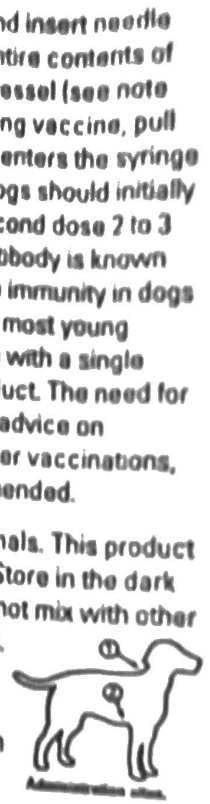

One Dose with Syringe
FOR DOGS ONLY
Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine
Modified Live Virus
Canine Spectra 5
Package contains a one dose vial of vaccine, a one mL vial of diluent, & one disposable syringe
KEEP PRODUCT REFRIGERATED
MADE IN THE USA

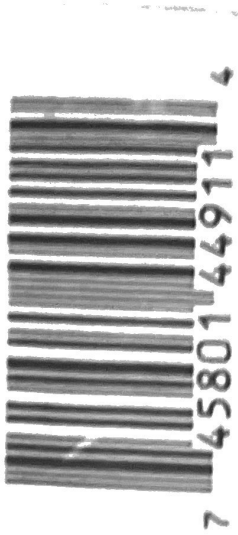
Indications: This product has been shown to be effective for the vaccination of healthy dogs 6 weeks of age or older against canine distemper virus (CDV), infectious canine hepatitis (CAV1), canine adenovirus type 2 (CAV2), canine parainfluenza (CPIV), and canine parvovirus (CPV). The duration of immunity 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.





Produced by:
Elanco US Inc
Fort Dodge, IA 50501 USA
VLN/PCN 198/13013.29

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

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

ISS20X808

BG102777X

E279754

16 FEB 27

VaccinateYourPets.com

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: Putchess | Coat Color: BLUE/White
Registered name:
Breed: Italian Greyhound | Sex: F
ID Number (if any): ☐ Tattoo ☑ Microchip 956000019914786
Date of Birth (mm/dd/yy): 03/16/26 | Date of Exam (mm/dd/yy):

Owner Name: Michelle Carlin
Co-Owner Name: Father Link Developt | Phone: 352-515-6[illegible]
Owner Address: 13139 Montour St
City: Brooksville | State: FL | Zip/postal code: 34613
E-Mail (use both lines if needed): itsamerichardjm atasska.com

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

☒	I **DID** verify microchip/tattoo on this dog
☐	I **DID NOT** verify microchip/tattoo on this dog
☐	**NO MICROCHIP/TATTOO PRESENT**

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature	ACVO #	Date
[signature]	401	6/16/26

Diplomate, American College of Veterinary Ophthalmologists

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

1073330

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 ☐

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 ☐

iris to Iris, iris to lens, iris to cornea, iris sheets, lens pigment foci/no strands, endothelial opacity/no strands: ☐ multiple ☐ single ☐ free floating ☐ ruptured

CATARACT (T / N / A / P)

LENS

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

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

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

ant. chamber syneresis: ☐ ☐ | syneresis ant. chamber: ☐ ☐

Ophthalmologist Name:		
Ophthalmologist Address:	Anja Welihozkiy, DVM, DACVO Sarasota, Florida	
City:	State: ACVO: 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: ☐ 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) Dantis		Registration #:	Additional Registration #:
Call Name: Dutchess	Breed: Italian Greyhound	Sex: [M] [F]	Sire Registration #:	Dam Registration #:
Pet 956000019914786		Birth Date: (mm/dd/yy) 03/16/26	Veterinary Clinic Name: Bluepearl vet - sarasota
Primary Owner Name: Michelle Carlin		Telephone #: 352-575-6148	Mailing Address: 7414 S. Tamiami Trl
Co-Owner(s): Fisherhunt Development LLC			City: Sarasota ST/PR: FL Zip/Postal: 34231 Country: USA
Mailing Address: 13 Montour St			Telephone #: 941-923-7260 Date Examined: (mm/dd/yy) 06/13/26
City: Brackville ST/PR: FL Zip/Postal: 34683 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@richardsmarkscpa.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 _____

PEEL APART HERE

AKC REUNITE
The way home for lost pets

STERILE EO

Store at room temperature.

ISO-Compliant Transponder
ID-1612LBC FDX-B
"Pat. pending"
Manuf. Code 966

LOT B8729

05/2029

AKC REUNITE
The way home for lost pets

Dvl. loss +3 GZ
#4796

A PET ENDS UP IN A SHELTER EVERY

956000019914786
956000019914786
956000019914786

Enroll Today at
www.akcreunite.org or..

Scan me to enroll!

"I am so grateful that I enrolled his microchip with AKC Reunite. Best money I ever spent!"

From Pe... and with her dog Quigley, ... his microchip ...nite!

800-252-7894
AKC REUNITE ID #
956 000 019
914 786

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

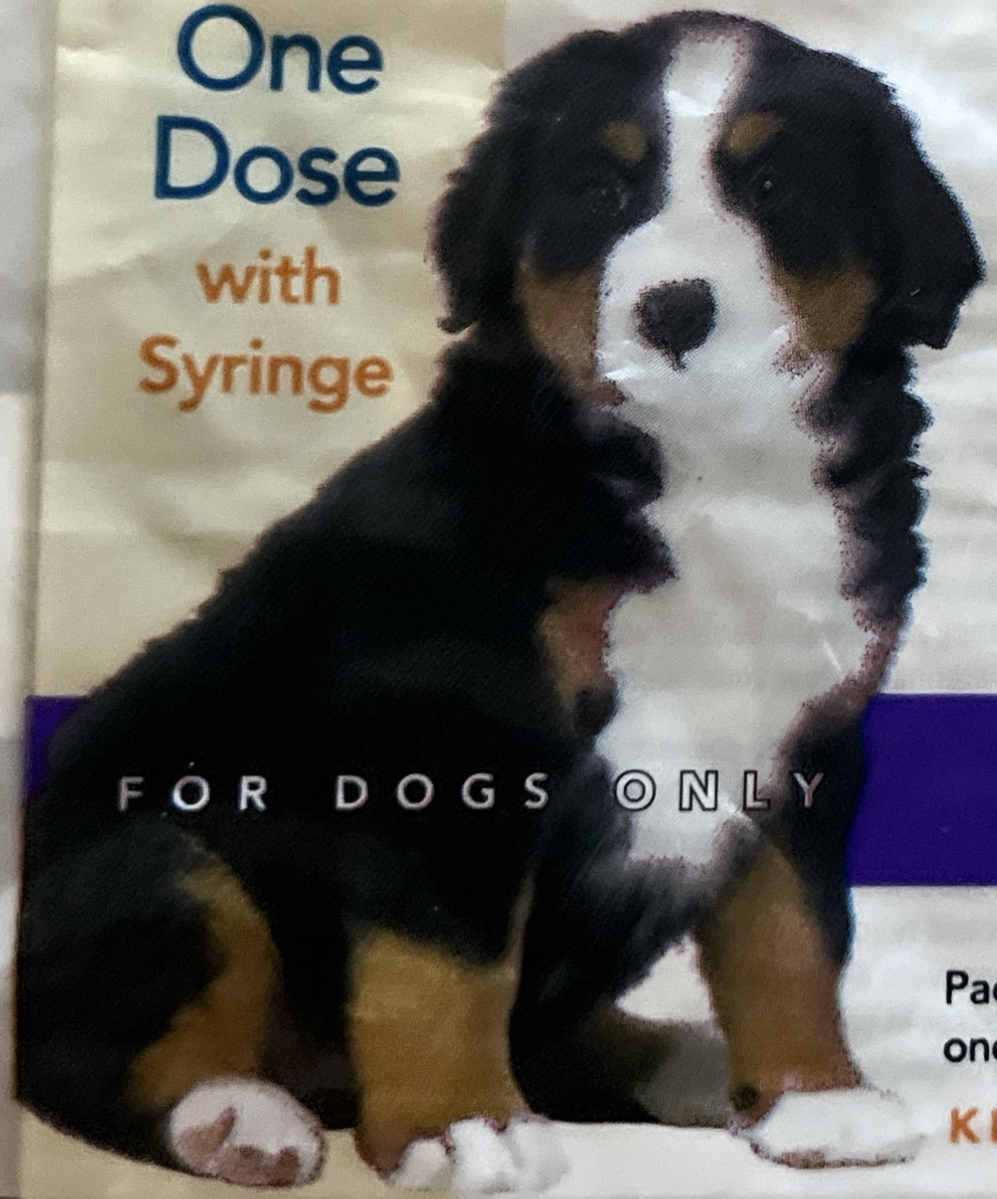
ENROLLMENT FORM
AQCHP3 11/24

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 2023*

Dutchess

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.

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

ISS20XB08

VaccinateYourPets.com

Vld by VLN/PCN 196/See bag

E255319A
16 FEB 27

YL102777A

CDV-CAV2-CPV-CPV MLV

PEEL HERE

BG102777X

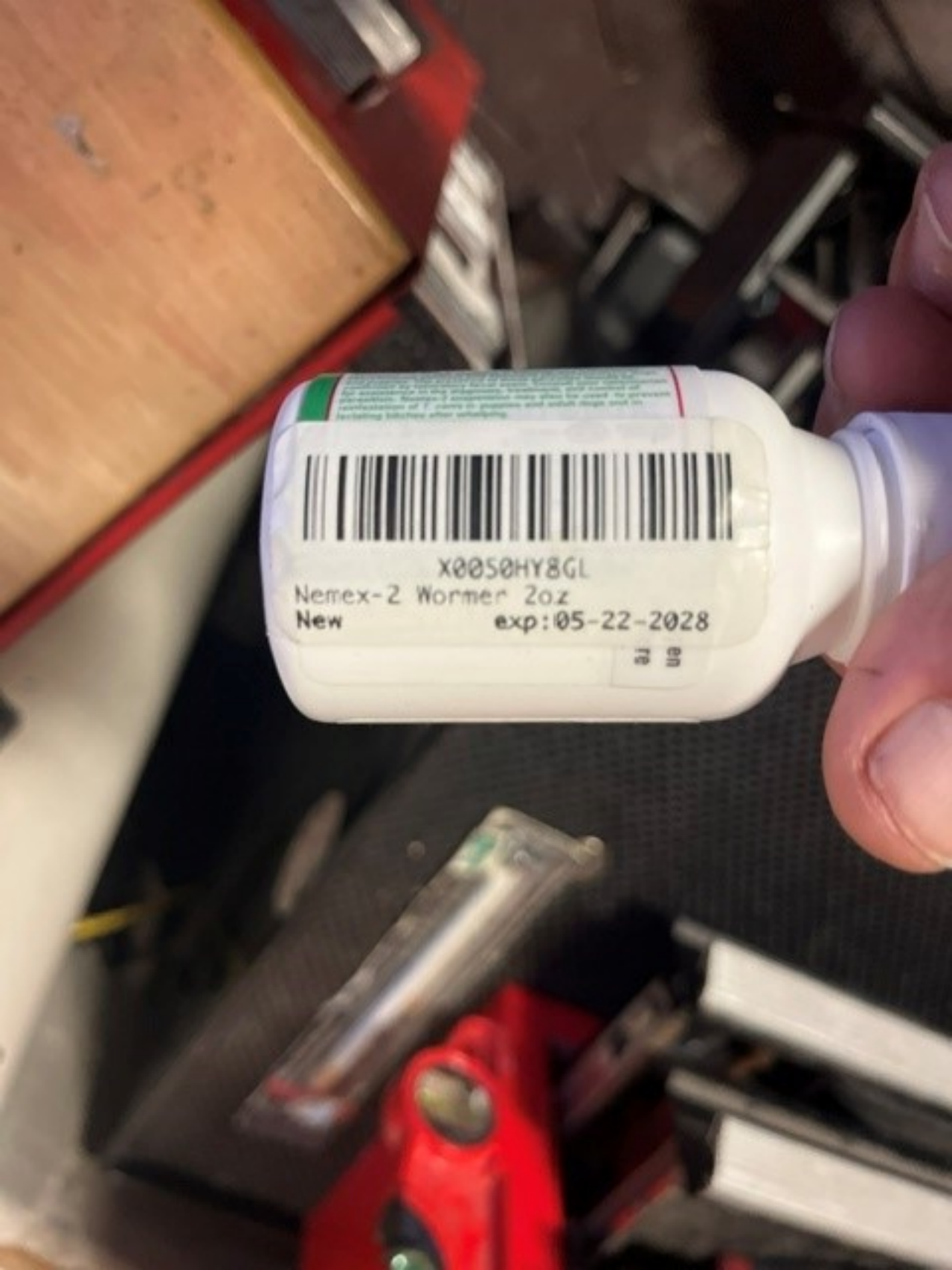
E279754

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)


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