Friendly Animal Hospital

FELINE VACCINES

Date: _____

Appetite: Good – Fair – Decreased **Any:** V – D – C – S – PU – PD
Wt: _____ **lbs** **WT:** _____**Kg** **T:**_____***F**

Current meds: _____

Assist/Recep. Initials: _____

Please read the information for the vaccines below. Initial next to each vaccine you want your pet to receive.

_____**RABIES** $5.00 *Required* by county law. Incurable viral disease affecting the central nervous system. Spread by contact of saliva of infected animals and can be transmitted to humans.
*** Recommended as an ___ Annual (at 16 weeks) ___ Tri-annual
_____ **FVRCP** $14.00 (FVR) *Feline Viral Rhinotracheitis:* A highly contagious airborne virus responsible for respiratory and ocular diseases which can be long-lasting. (C) *Calcivirus*: A common and severe infection causing respiratory diseases, oral ulcer, and sometimes ocular problems. (P) *Panleukopenia*: Fatal viral disease that attacks the gastrointestinal tract as well as suppresses the immune system; it can be found everywhere and is highly resistant (can survive months to years in the environment)
*** Recommended as a 3 booster series, then annually ___ 8 weeks ___ 12 weeks ___ 16 weeks ___ Annual
_____ **CHLAMYDIA** $14.00 An infection that is most common in kittens and can affect all ages. The bacteria can cause inflammation in the respiratory tract and conjunctiva in the eyes.
*** Recommended as a 3 booster series, then annually ___ 8 weeks ___ 12 weeks ___ 16 weeks ___ Annual
_____ **FELV** $20.00 *Feline Leukemia Virus (a blood disorder):* causes compromised immune system. This immunodeficiency results in severe secondary infections. A blood test is recommended prior to vaccination.
*** Recommended as a 2 booster series, then annually ___ 12 weeks ___ 16 weeks ___ Annual
_____ **FELV/FIV Elisa Test** $59.00 *Feline Leukemia Virus/Feline AIDS:* Leukemia test is recommended prior to vaccination of cat(s). FeLV test will eliminate the possibility that your cat is already a disease carrier, especially for stray/feral or adopted cats with unknown history of exposure or parents' health status.

DEWORMERS – Some parasites are contagious to people. If you are concerned that your pet may have parasites it is advised to have a physical exam with the veterinarian.
_____ **STRONGID** $14.00 Treats the most common parasites including roundworms, whipworms, and hookworms.
*** Recommended as a 2 booster series for puppies, then annually ___ 8 weeks ___ 12 weeks ___ Annual
_____ **DRONCIT** $28.00 - $40.00 Given based upon weight. Treatment for the common parasite, tapeworms, which are transmitted by the ingestion of fleas. May require doctor's exam.
*** Recommended at ___ 16 weeks ___ Annual
_____ **FECAL** $40.00 To monitor for internal parasites.
*** Recommended at ___ Under 1 year of age ___ Annual
_____ **EXAM** $28 Physical exam with a veterinarian.
<<<<<<<<<<<<<<<<<<<<$2 Biohazard Disposal Fee will be added per invoice, per pet.>>>>>>>>>>>>>>>>>

Please be advised that the vaccine reactions can occur at any point in your pet's life even if they have never had a reaction in the past. Signs of a vaccine reaction include consistent vomiting, facial swelling, and collapsing with respiratory distress. If your pet is experiencing a vaccine reaction, please return him/her to the hospital for treatment immediately. Treatment for vaccine reaction will be at an additional expense.
_____**Diphenhydramine** $40 Antihistamine used as a preventative for vaccine reaction. This does not guarantee against vaccine reaction, however lessens the chance of a vaccine reaction.
_____ **Pet has bad previous reaction.** _____ **Pet has never had a reaction.** _____ **Unknown vaccine history.**

I declare that my pet is healthy (eating and drinking as normal) and has not had any signs of coughing, sneezing, vomiting, diarrhea, or an increase in urination or drinking in the past 30 days.

****Please return in ____ wks / years for any boosters needed****

_____ _____
Signature Date