



ANIMAL RESCUE OF THE ROCKIES

CAT VACCINATION RECORD

Animal's Name: _____

Sex: Male Female Spay/Neuter Date: _____

Age at Intake: _____ Birthdate (if known) _____

Intake Date: _____ Transferred from: _____

Breed: _____ Color: _____

	Date Administered	Labels or Tag #
RABIES 1 yr. Kittens: give at 4 months or 4# Due:		
FVRCP: FELINE PANLEUKOPANIA FELINE RHINOTRACHEITIS FELINE CALICIVIRUS (Kittens Give at 6 weeks/9 weeks/12 weeks. Kittens less than one year will have 3 sets) Next Due:	#1 #2 #3	
FIV/Felv tested - Date/Result		
DEWORMED-Date(s) and Type		
Observations Upon Arrival		
Other Medical Notes		

MICROCHIP BRAND AND NUMBER: _____

VETERINARIAN'S NAME /LICENSE NUMBER: _____

CLINIC NAME: _____

ADDRESS: _____

PHONE: _____