**PROOF OF VACCINATION   
 FORM (CAT)**

Name of Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Clinic Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_  
Owner’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex [ ] M [ ] F Spayed/Neutered: [ ] Yes [ ] No Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The animal above has been vaccinated for the following (the core vaccinations):

Cat:

[ ] Rabies Date Administered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[ ] FVRCP Date Administered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Although not required, but strongly recommended is the following vaccination:

[ ] Feline Leukemia Date Administered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pet’s name) is current on the vaccinations indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Veterinarian’s Signature)