



Date:

Cat identification: **F14 -VAX**

Operation Catnip of Gainesville
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RABIES CERTIFICATE

Species: Cat **Weight:** Under 20 lbs **Sex:** Male altered Female, altered Unknown altered

Age: 3-5 mo old 6-12 mo old ≥ 12 mo old **Color:** _____
 <3 months (too young for valid rabies certificate, return in 2 months for re-vaccination)

Breed: DSH DMH DLH Siamese mix Other _____

Producer: Boehringer Ingelheim RabVac 3 Serial #: _____ Expiration: 1 year 3 year

Other vaccines: BI Fel-O-Vax Lv-K III + CaliciVax (FeLV, FPV, FHV, FCV) Initial dose Booster

Veterinarian signature:

Veterinarian name & license #:

For spay/neuter (if needed) standard protocol is for each cat to receive:

- Spay or neuter
- Left ear tip
- Microchip scan
- Antibiotic (penicillin)
- Rabies, FVRCP, FeLV vaccines
- Anesthetic (Telazol-ketamine-xylazine reversed with yohimbine)
- Pain relief medication (buprenorphine)
- Flea, mite, and intestinal parasite treatment (Advantage Multi)

If checked, this cat also received these supplemental treatments or has special To-Go-Home instructions attached:

- Subcutaneous fluids
- Additional antibiotics
- Additional surgery:
- To-Go-Home instructions
 - Delayed release (_____ days)
 - Dermatitis
 - Minor or inactive wound (no treatment needed)
 - Wound or abscess (treated, needs monitoring)
 - Oral – stomatitis
 - Oral - tooth extraction
 - Flank spay
 - Lactating
 - URI
- Other:

SPECIAL INSTRUCTIONS TO CAREGIVER:

Please refer to the other side of this sheet for important aftercare instructions to keep this cat safe and comfortable.