

Floyd County Humane Society
540-745-7207 / info@floydhumanesociety.org
Feline Vaccination-Medical Record Continued

Weights (with date):

Dewormer: Strongid/Pyrantel _____
Date Date Date

Flea Treatment/Type: _____
Date Date Date Date

_____ Date Date Date Date Date

Rabies: _____
Date Given Name of Veterinarian

Place Sticker Above or
Vaccine Info (Manufacturer, Lot#, Exp. Date)

FVRCP: _____
Annual Booster - Date

Place Sticker Above

Medications/Notes:
