

Welcome to Pet Community Center!

Congratulations on your new family member! Please use this handbook to guide you through your cat's first year of preventive veterinary care. Please bring it back to each clinic visit so our veterinary staff can keep track of your cat's health history. Thank you for choosing Pet Community Center - we are excited to partner with you!

Date:

() First Visit: 6-8 Weeks Old

Body Weight: _____ lb

- ☐ Vaccine FVRCP (Rhinitracheitis, Calicivirus, Panleukopenia): **\$15**
- ☐ Deworming Medication: **\$8**
- ☐ Flea, Heartworm, and Parasite Prevention: **(see chart)**

Notes:

() Second Visit: 8-10 Weeks Old

Body Weight: _____ lb

- ☐ Vaccine (Booster) FVRCP (Rhinitracheitis, Calicivirus, Panleukopenia): **\$15**
- ☐ Feline Leukemia and Feline Immunodeficiency (Feline AIDs) Test: **\$20**
- ☐ Feline Leukemia Vaccine: **\$15**
- ☐ Deworming Medication: **\$8**
- ☐ Flea, Heartworm, and Parasite Prevention: **(see chart)**

Notes:

() Third Visit: 10-12 Weeks Old

Body Weight: _____ lb

- ☐ Vaccine (Booster) FVRCP (Rhinitracheitis, Calicivirus, Panleukopenia): **\$15**
- ☐ Feline Leukemia Vaccine: **\$15**
- ☐ Fecal flotation to check for worms and worm eggs: **\$20**
+Bring fecal sample (approximately the size of a marble).
- ☐ Flea, Heartworm, and Parasite Prevention (if needed): **(see chart)**

Notes:

Please note that a **\$10 office visit fee** will apply to each visit.
The fee will be waived with proof of government assistance.

Date:

() Fourth Visit: 12-16 Weeks Old

Body Weight: _____ lb

- ☐ Vaccine (Booster) FVRCP: (Rhinitracheitis, Calicivirus, Panleukopenia): **\$15**
- ☐ Rabies Vaccine: **\$15**
- ☐ Fecal Test or Dewormer (if needed): **\$20**
- ☐ Deworming Medication: **\$8**
- ☐ Flea, Heartworm, and Parasite Prevention (if needed): **(see chart)**

Notes:

() Make an appointment for spay/neuter surgery and microchip.

- ☐ Microchip: **\$15**
- ☐ Pre-anesthetic bloodwork (required for pets 8 years and older): **\$45**
- ☐ Cat spay/neuter surgery: **\$75**

Notes:

() Annual Visit: 1 Year Old

Body Weight: _____ lb

- ☐ Vaccine (Booster) FVRCP (Rhinitracheitis, Calicivirus, Panleukopenia): **\$15**
- ☐ Rabies Vaccine: **\$15**
- ☐ Fecal Test or Dewormer (if needed): **\$20**
- ☐ Deworming Medication: **\$8-10**
- ☐ Flea, Heartworm, and Parasite Prevention (if needed): **(see chart)**

Notes:

