

**Vaccine Clinic
Protocols and Procedures under
Business & Professions
Code Section 4826.7 (SB 669 (2023))**

**Developed by Shelter PALS at the San Francisco SPCA
Contact Email: ShelterPALS@sfspca.org
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Available for personalization by shelters in the state of California

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Overview of Vaccine Clinic Operations: Model Protocols and Procedures and Required Documents

As of January 1, 2024, a Registered Veterinary Technician (RVT) can establish a veterinarian-client-patient relationship (VCPR) on behalf of a veterinarian for the purpose of administering vaccines and/or parasite medications. This can occur when the veterinarian is off-site at a facility that is *not* a registered veterinary premises, as long as the veterinarian is available by telephone and quickly available. At a registered veterinary premises, this can also be done, as long as a veterinarian is somewhere on the premises.

In both settings, certain conditions are required by law, as set out in these materials.

Who does the new law apply to: California RVTs, acting under the supervision of a California licensed veterinarian, who are administering vaccines and/or parasite medications.

Checklist: What to do in advance of a vaccine clinic:

- The vet must establish written protocols for the RVT to follow. See [the statute](#) for details. Model protocols are included in this document for review, editing and use.
- The vet and RVT must sign and date a written
 - Assumption of risk by the vet for the RVT's actions in examining the animal and administering vaccines or parasite medications. See [the statute](#) for details.
 - Authorization for the RVT to act as the agent of the vet in establishing the VCPR for administering vaccines or parasite medications. See [the statute](#) for details.(A model document that satisfies these requirements is included as Appendix E, on page 47.)

Checklist: What to do at the clinic:

- Before the RVT examines any animal or administers any vaccines or parasite medications, the RVT must inform the client (orally or in writing) that the RVT is acting as an agent of the veterinarian. The RVT must also provide the veterinarian's name and license number to the client, either with written notice, signage, or orally.
 - The RVT then must record in the patient's medical record that the client has agreed to proceed with the RVT examination and administration of the vaccine(s) or medication(s).
- The RVT can establish the VCPR as an agent of the veterinarian and administer vaccines and parasite medications if working at a location other than a registered veterinary

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premises when the veterinarian is offsite but available by telephone and quickly available.

- The RVT can establish the VCPR as an agent of the vet and administer vaccines and parasite medications if working at a registered veterinary premises, as long as a veterinarian is somewhere onsite.
- At non-registered veterinary premises, the RVT must have equipment and drugs to provide immediate emergency care for any adverse reactions to the vaccines and parasite medications.
- The RVT must follow written protocols and procedures established by the veterinarian when examining the patient and administering the vaccines or parasite medications. See [the statute](#) for details. Model protocols are included in this document for review, editing and use.

Please review the attached model protocols and forms, revise them as needed, and complete the highlighted areas with information specific to each clinic/shelter.

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Emergency Protocols for Vaccine Reactions

DO NOT VACCINATE OR DEWORM ANIMALS WITH A HISTORY OF SEVERE REACTIONS.

Type IV Hypersensitivity Reactions (Angioedema)

1. Facial and ear swelling and itching can sometimes occur after vaccinations. While not life threatening, patients may experience discomfort and these reactions are upsetting to owners.
2. If the reaction is severe, the patient should be managed by the RVT per the protocol below and any other protocols established by the veterinarian, and the veterinarian notified. Owners should be provided with written information on this type of reaction and what to expect at home.
3. This reaction is managed with diphenhydramine +/- corticosteroids (see protocol below).
4. Consider pre-treating small dogs or those with previous mild reactions with diphenhydramine.
5. Consider prescribing oral diphenhydramine / Benadryl for 24 -48 hours after a reaction.
6. Cats: Use lower dose of diphenhydramine of 1 mg/ kg.

Volume In Milliliters Given IM								
Drug /Dose	Conc.	10 lb.	20 lb.	30 lb.	40 lb.	50 lb.	60 lb.	70 lb.
Diphenhydramine 2 mg/ kg	50 mg/mL	0.18 mL	0.36 mL	0.54 mL	0.72 mL	0.91 mL	1.1 mL	1.3 mL
DexSP 0.1 mg/kg	4 mg/ mL	0.11 mL	0.22 mL	0.34 mL	0.45 mL	0.57 mL	0.68 mL	0.8 mL

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Emergency Protocols for Vaccine Reactions (page 2)

Type 1 Hypersensitivity Reactions: Anaphylaxis

Anaphylaxis from vaccine administration is rare but can happen. If the patient is critical, the patient should be stabilized by the RVT per the written protocol established by the veterinarian. As soon as possible, the RVT will notify the supervising veterinarian for additional input.

Once stable, the patient should immediately be transferred by the owner to the nearest veterinary emergency facility. Written directions shall be provided to the client, and the RVT or supervising veterinarian will telephone the emergency facility to advise that the pet is being transported.

Clinical signs of anaphylactic shock

1. Hypotension with pale mucus membranes, prolonged CRT, tachycardia, dysrhythmias, weak pulses, cool extremities, hypothermia and collapse. More common in dogs.
2. Respiratory distress caused by bronchospasm, laryngeal edema and mucus accumulation. More common in cats.
3. Gastrointestinal signs: Vomiting, diarrhea; hemorrhagic diarrhea could indicate a more serious reaction.
4. Severe pruritus.
5. Cardiac arrest.

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Emergency Protocols for Vaccine Reactions (page 3)

Emergency Management of Anaphylaxis

1. Assess the patient.
 - a. Mucus membranes and CRT, HR and pulse quality, respiration effort / stridor.
 - b. Obtain TPR while others are gathering emergency equipment and medications.
2. Emergency management of anaphylactic shock (see chart for volume per weight):
 - a. Flow by oxygen; intubation if unconscious.
 - b. Epinephrine: 0.01 mg/kg of 1:1000 (1 mg/mL) solution IM.
 1. may also be given via endotracheal tube at 0.02-0.2mg/kg (double IM dose).
 2. May repeat IM or IV as needed every 5-10 minutes.
 - c. IV fluids: bolus of 10 – 20 mg/ kg over 5-15 minutes with reassessment of cardiovascular status.
 1. **Do NOT Exceed** 90 mL/ kg dog or 45 mL / kg cat.
 - d. Diphenhydramine 2 mg / kg IM dogs, 1 mg/kg IM cats.
 - e. DexSP 0.1 mg / kg IV once, if directed by DVM in written protocols.
 - f. Use bronchodilators if severe respiratory distress.
 1. Terbutaline: 0.01mg/kg IM (or IV if catheter is in place)
 2. If additional support needed:
 - a. Aminophylline if available and directed by DVM in written protocols.
 - i. Dog: 5-10mg/kg IM, or slowly IV
 - ii. Cat: 5mg/kg IM, or slowly IV
 - g. In case of asystole, intubate, proceed with CPR (see below).
 - h. Owner to transport to emergency facility as soon as possible for continued care.

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Emergency Protocols for Vaccine Reactions (page 4)

Canine and Feline

	Volume In Milliliters Given IV or IM see below								
Drug / dose	Conc.	5 lb. (2.3kg)	10 lb. (4.5kg)	20 lb. (9.1 kg)	30 lb. (13.6 kg)	40 lb. (18.1kg)	50 lb. (22.7 kg)	60 lb. (27.2 kg)	70 lb. (31.8 kg)
LRS –IV BOLUS 10-20 ml/ kg over 5 -15 minutes	Max Volume: 90 ml/kg for dogs and 45 ml/kg max for cats	23-46 mL	45 -90 mL	90- 180 mL	130-260 mL	180 - 360 mL	227 - 454 mL	272 - 545 mL	318 – 636 mL
Epinephrine 0.01 mg/ kg IM	1:1000	0.02 mL	0.05 mL	0.09 mL	0.14 mL	0.18 mL	0.23 mL	0.27 mL	0.32 mL
Diphenhydramine 2 mg/ kg IM NTE 50mg	50 mg/ml	0.09 mL	0.18 mL	0.36 mL	0.54 mL	0.72 mL	0.91 mL	1.0 mL	1.0 mL
DexSP 0.1 mg/kg IV once	4 mg/ ml	0.06 mL	0.11 mL	0.22 mL	0.34 mL	0.45 mL	0.57 mL	0.68 mL	0.8 mL
Terbutaline 0.01mg/kg IM or IV	0.5 mg/mL	0.05 mL	0.09 mL	0.18 mL	0.27 mL	0.36 mL	0.45 mL	0.54 mL	0.64 mL
Aminophllyline 5 mg/kg IM or IV slowly	25 mg/mL	0.46 mL	0.9 mL	1.8 mL	2.7 mL	3.6 mL	4.5 mL	5.4 mL	6.3 mL

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Emergency Protocols for Vaccine Reactions (page 5)

CPR Guidelines:

1. Assess patient: Breathing, heartbeat, rhythm, pulse.
2. Immediately begin chest compressions: 100-120 / minute; compress chest to 1/3 to 1/2 normal width in 2-minute cycles.
3. Intubate, if possible; if not, use AMBU bag - ventilate every 6 seconds.
4. ECG and capnometer, as well as blood pressure monitoring equipment, if available.
5. Establish venous access (IV best; I/O if IV not possible); fluids given if hypotensive.
6. Intratracheal medications as last resort; medications given at 2-10 x dose.
7. Epinephrine only for asystole and PEA; use low dose q 3-5 minutes.
8. Do not give epinephrine if arrhythmia.

Volume in Milliliters Given IV or IM								
Drug	5 lb. (2.3kg)	10 lb. (4.5 kg)	20 lb. (9.1 kg)	30 lb. (13.6 kg)	40 lb. (18.1 kg)	50 lb. (22.7 kg)	60 lb. (27.2kg)	70 lb. (31.8 kg)
Epinephrine 1:1000 Low dose, 0.01mg/kg IV q 3-5 minutes	0.02 mL	0.05 mL	0.09 mL	0.14 mL	0.18 mL	0.23 mL	0.27 mL	0.32 mL
Vasopressin 20 U/mL 0.8 U/kg IV q 3-5 minutes	0.09 mL	0.18 mL	0.36 mL	0.54 mL	0.73 mL	0.91 mL	1.1 mL	1.3 mL
Atropine 0.54 mg/mL 0.04mg/kg IV once	0.17 mL	0.33 mL	0.67 mL	1.01 mL	1.34 mL	1.68 mL	2.01 mL	2.36 mL

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Emergency Protocols for Vaccine Reactions (page 6)

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Protocols for Vaccine and Medication Storage, Handling, and Administration

Refrigerator Requirements:

- Either a pharmaceutical grade or stand-alone household refrigeration unit, compact size or larger.
- If a household refrigerator remove deli, fruit, and vegetable drawers; they are unsuitable for storage.
- A high-quality thermometer should be kept in the center of the refrigerator.
- Set the thermostat to 40°F.

Vaccine Requirements:

- All vaccines must be organized by species and type and placed centrally in the refrigeration unit, about 2-3 inches from the walls and doors.
- Vaccinations must be stored between 36°F - 46°F.
- Single dose vaccines should not be removed from the refrigeration until the time of administration.
- A new, sterile syringe and needle must be used to draw up the vaccine, changing the needle before patient administration using sterile technique.
- The vaccine must be administered promptly after reconstitution.
- If a patient is vaccinated with the incorrect vaccine or via the incorrect route, alert the veterinarian immediately for next steps.

Canine	Administration Location	Administration Route
Rabies	Right Pelvic Limb	Subcutaneous
DHPP	Right Thoracic Limb	Subcutaneous
Leptospirosis	Left Thoracic Limb	Subcutaneous
Bordetella (oral)	Intraoral	Oral
Bordetella (injectable)	Intrascapular	Subcutaneous
Canine Influenza	Intrascapular	Subcutaneous
Feline	Administration Location	Administration Route
Rabies	Right Pelvic Limb	Subcutaneous
FVRCP	Right Thoracic Limb	Subcutaneous
FeLV	Left Thoracic Limb	Subcutaneous

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Protocols for Vaccine and Medication Storage, Handling, and Administration (page 2)

Pyrantel Storage, Handling and Administration – Canine & Feline:

- Storage requirements
 - Below 86°F.
 - Protect from light.
- Handling requirement
 - Shake well before use.
- Administration requirement
 - A new syringe must be used for each patient.

Credelio Storage, Handling and Administration – Canine:

- Storage requirements
 - Between 59°F - 77°F, excursions permitted between 41°F - 104°F.
- Handling requirement
 - Wear gloves.
- Administration requirement
 - Give with food.

Interceptor Storage, Handling and Administration – Canine:

- Storage requirement
 - Between 59°F - 77°F.
- Handling requirement
 - Wear gloves.
- Administration requirements
 - Offer with small amount of food.
 - Encourage chewing; break up the chew for patients that swallow treats whole.

Bravecto Storage, Handling and Administration – Feline:

- Storage requirement
 - Below 86°F.
- Handling requirements
 - Wear gloves.
 - Wash hands if contact with product is made.
 - Open applicator tube with top pointing up.
- Administration requirements
 - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
 - Apply in an area the patient cannot lick, such as the base of the neck.
 - Administer immediately after opening foil packaging.

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Protocols for Vaccine and Medication Storage, Handling, and Administration (page 3)

Revolution/Revolution Plus Storage, Handling and Administration – Canine & Feline:

- Storage requirement
 - Below 86°F.
- Handling requirements
 - Wear gloves.
 - Wash hands if contact with product is made.
 - Open applicator tube with top pointing up.
- Administration requirements
 - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
 - Apply in an area the patient cannot lick, such as the base of the neck.
 - Administer immediately after opening foil packaging.

Cheristin Storage, Handling and Administration – Feline:

- Storage requirements
 - Store in cool, dry place.
- Handling requirements
 - Wear gloves.
 - Wash hands if contact with product is made.
 - Open applicator tube with top pointing up.
- Administration requirements
 - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
 - Apply in an area the patient cannot lick, such as the base of the neck.

Paramonthly Storage, Handling and Administration – Canine & Feline:

- Storage requirements
 - Store in cool, dry place.
- Handling requirements
 - Wear gloves.
 - Wash hands if contact with product is made.
 - Open applicator tube with top pointing up.
- Administration requirements
 - Administer entirety of the tube directly onto the skin. Do not apply to broken or wet skin.
 - Apply in an area the patient cannot lick, such as the base of the neck.

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Protocols for Vaccine and Medication Storage, Handling, and Administration (page 4)

Product	Species	Protects against	Dosage Schedule	Minimum Age	Minimum Weight	Route of Administration	Safe for Pregnant/Lactating?
Credelio	Canine	Fleas, Lone Star Tick, American Dog Tick, Black-legged Tick, Brown Dog Tick	Monthly	8 weeks	4.4 lbs	Oral	No
Interceptor	Canine	Heartworm, Roundworm, Hookworm, Whipworm, Tapeworm	Monthly	6 weeks	2 lbs	Oral	No
Paramonthly	Canine	Fleas, Lone Star Tick, American Dog Tick, Brown Dog Tick, Deer Ticks	Monthly	8 weeks	5 lbs	Topical	No
Revolution	Canine	Fleas, Heartworm, Ear Mites, Sarcoptic Mange, American Dog Tick	Monthly	6 weeks	5 lbs	Topical	Yes
Bravecto	Feline	Fleas, Black Legged Ticks, American Dog Tick (2 months protection)	Every 90 days	6 months	2.6 lbs	Topical	No
Revolution	Feline	Fleas, Heartworm, Ear Mites, Roundworm, Hookworm	Monthly	8 weeks	5 lbs	Topical	Yes
Cheristin	Feline	Fleas	Monthly	8 weeks	1.8 lbs	Topical	No
Paramonthly	Feline	Fleas, Lone Star Tick, American Dog Tick, Brown Dog Tick, Deer Ticks	Monthly	8 weeks	1.5 lbs	Topical	No

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Protocol for Assessing Suitability of Animals to Receive Vaccines and Dewormers

DO NOT VACCINATE OR DEWORM ANIMALS WITH A HISTORY OF SEVERE REACTIONS.

General Description:

Vaccines and endoparasite deworming are an integral part of maintaining the health of our pets, however, these interventions can, in rare situations, have adverse consequences.

The Registered Veterinary Technician on site is responsible for assessing the health of the patient prior to and immediately after administering vaccinations and dewormers.

Animals will not receive vaccinations or dewormers if the RVT observes or learns of any of the following:

1. Has not been eating or drinking normally in the prior 12 hours
2. Notable depression or mentation abnormalities
3. Notable nasal or ocular discharge, sneezing, or coughing
4. Body temperature of > 102.5 degrees
5. Diarrhea with blood or fetid smell
6. Pale mucus membranes and/or prolonged capillary refill
7. Excessively high heart rate or dysrhythmia
8. Tachypnea beyond normal stress levels, and/or difficulty breathing
9. Body condition score of 3/9 or less (from AAHA):
 - a. Dogs: Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.
 - b. Cats: Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia obvious and easily palpable.

When an animal is presented with any of the above physical findings, the owner should be provided information of nearby full-service veterinary facilities.

The supervising veterinarian should be notified if any animal is in extremis.

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Protocol for Canine Vaccination

DO NOT VACCINATE ANIMALS WITH A HISTORY OF SEVERE REACTIONS.

The purpose of this protocol is to provide core and non-core vaccinations to healthy dogs and puppies.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

Staff Responsibilities:

The supervising veterinarian must:

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
 - Name or initials of the person responsible for entries.
 - Name, address, and phone number of the client.
 - Name or identity of the animal.
 - Except for herds or flocks, age, sex, breed, species, and color of the animal.
 - Beginning and ending dates of custody of the animal, if applicable.
 - A history or pertinent information regarding each animal's medical status.
 - Data, including that obtained by instrumentation, from the physical examination.
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
 - Diagnosis or assessment before performing a treatment or procedure.
 - If relevant, a prognosis of the animal's condition.
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.

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Protocol for Canine Vaccination (page 2)

- Administering the vaccines and parasite medications as instructed in protocols established by the veterinarian.

Clinic Customer Care Staff is responsible for:

- Scheduling appointments.
- Checking out clients.
- Providing clients with information about follow-up appointments.

Location and Materials Needed:

To complete this protocol you will need:

- Vaccines (located in medication refrigerator).
- 3cc Syringes (located in medical cart).
- 25g x 5/8" Needles and 22g x .75" Needles (located in medical cart).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

Protocol:

Medications

The RVT establishes the needed vaccinations and assesses the patient's eligibility for vaccination.

Core Vaccines:

DA2PP (modified live distemper, hepatitis/adenovirus, parvovirus, parainfluenza)

1) Determine vaccination schedule:

- Adult dogs and older puppies (16+ weeks)
 - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination before 16 weeks of age: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination after 16 weeks of age (even if overdue): Administer 1 dose
 - Duration: 3 years
- Puppies (6 weeks-16 weeks)
 - Administer 1 dose, repeat every 3-4 weeks until 16 weeks of age
 - Duration: 1 year

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Protocol for Canine Vaccination (page 3)

Core Vaccines (cont.):

DA2PP (modified live distemper, hepatitis/adenovirus, parvovirus, parainfluenza) (cont.)

- 2) Reconstitute vaccine:
 - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
 - Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously in right shoulder.
- 5) Note location of administration into patient record.

Rabies (killed)

- 1) Determine vaccination schedule:
 - Adult dogs and puppies 12+ weeks:
 - No history of previous vaccination or if overdue by >1 year: Administer 1 dose
 - Duration: 1 year
 - History of previous vaccinations up to date: Administer 1 dose
 - Duration: 3 years
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously in right hind limb.
- 5) Note location of administration into patient record.

Leptospirosis (killed)

- 1) Determine vaccination schedule:
 - Adult dogs and puppies 8+ weeks:
 - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination with a series of 2 vaccines (even if overdue): Administer 1 dose
 - Duration: 1 year
 - Unclear history, or only 1 initial vaccine: Re-start series
 - Duration: 1 year
- 2) Reconstitute vaccine:
 - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
 - Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously in the left rear limb.
- 5) Note location of administration into patient record.

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Protocol for Canine Vaccination (page 4)

Non-Core Vaccines:

Oral Bordetella Vaccine (Vanguard B)

- 1) Determine vaccination schedule:
 - Adults and puppies 8+ weeks: Administer single dose
 - Duration: 1 year
- 2) Reconstitute vaccine:
 - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
 - Roll to mix well. Do not vigorously shake.
- 3) Administer with provided needle-less syringe or a dropper applicator. (Can cause liver failure if oral product is accidentally injected.)
- 4) Administer vaccine into the buccal pouch.
- 5) Notify veterinarian immediately if inadvertently given subcutaneously due to liver failure potential.

Injectable Bordetella Vaccine (Bronchicine CAe)

- 1) Determine vaccination schedule:
 - Adult dogs and puppies 8+ weeks:
 - No history of previous injectable vaccination: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination (even if overdue - either injectable or oral): Administer 1 dose
 - Duration: 1 year
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change the needle to either 25g or 22g.
- 4) Administer vaccine: 1 cc subcutaneously between shoulder blades.
- 5) Note location of administration into patient record.

Canine Influenza Virus (H3N2 & H3N8 - killed)

- 1) Determine vaccination schedule:
 - Adult dogs and puppies 6+ weeks:
 - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination with a series of 2 vaccines (even if overdue): Administer 1 dose
 - Duration: 1 year
 - Unclear history, or only 1 initial vaccine: Re-start series
 - Duration: 1 year
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change needle to either 25g or 22g.

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Protocol for Canine Vaccination (page 5)

Non-Core Vaccines (cont.):

Canine Influenza Virus (H3N2 & H3N8 - killed) (cont.)

- 4) Administer vaccine: 1 cc subcutaneously between shoulder blades.
- 5) Note location of administration into patient record.

Canine Vaccine Schedule:

Vaccine	Initial vaccination Puppies < 16 weeks old	Initial vaccination Adults > 16 weeks old	Revaccination (booster)	Location of vaccine	Comments
DA2PP Distemper Adenovirus Type 1 & 2 Parainfluenza Parvovirus Core vaccine	Administer the first dose as early as 6 weeks of age, then every 3–4 weeks until 16–20 weeks of age	Administer two doses, 3–4 weeks apart	Revaccinate 1 year after primary series; thereafter, boost every 3 years, lifelong	Administer subcutaneously in right front shoulder area	<ul style="list-style-type: none"> • If the dog has been vaccinated previously and is overdue for revaccination, generally a single vaccination is all that is required. • If prior vaccination status is unknown, the dog should be treated as unvaccinated. • Dogs living in high-risk environment may benefit from receiving final dose at 18 to 20 weeks of age.
Rabies IMRAB Core vaccine	Administer a single dose at not less than 12 weeks / 3 months of age	Administer a single dose	Administer a single dose 1 year following the initial dose; then repeat annually (or every 3 years if using a vaccine licensed for this interval)	Administer subcutaneously in right rear limb	<ul style="list-style-type: none"> • California law requires each dog older than three months to be vaccinated against rabies. • Proof of rabies vaccination must be presented to obtain dog license.

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Protocol for Canine Vaccination (page 6)

Vaccine	Initial vaccination Puppies < 16 weeks old	Initial vaccination Adults > 16 weeks old	Revaccination (booster)	Location of vaccine	Comments
Leptospira Non-Core vaccine	Two initial doses, 3 to 4 weeks apart, are required; the initial dose may be administered as early as 8 weeks of age.	Two initial doses, 3 to 4 weeks apart, are required	After initial two doses, dogs can receive revaccination annually	Administer 1mL subcutaneously in left rear limb	<ul style="list-style-type: none"> If vaccination status is unknown and more than 18 months has elapsed since the possible previous dose, it is reasonable to administer 2 doses 3 to 4 weeks apart.
Canine Influenza H3N8 Non-Core vaccine	Two initial doses, 3 to 4 weeks apart, are required. The first dose may be administered to dogs as early as 6 weeks of age.	Two initial doses, 3 to 4 weeks apart, are required	After initial two doses, dogs can receive revaccination annually	Administer 1 mL subcutaneously in-between shoulder blades.	<ul style="list-style-type: none"> When vaccination is recommended, dogs intended to be housed in boarding kennels or day-care facilities should BEGIN the initial vaccination series 4 weeks prior to entry.
<i>Bordetella bronchiseptica</i> <i>Vanguard B</i> <i>Oral vaccine</i> Non-Core vaccine	Administer a single dose as early as 8 weeks of age	Administer a single dose	Where risk of exposure is sustained, administer a single dose 1 year following the last dose administered, then annually thereafter.	Administer a single 1 mL dose orally into the buccal pouch	<ul style="list-style-type: none"> Most boarding facilities require a current Bordetella vaccination.
<i>Bordetella bronchiseptica</i> <i>Bronchicine CAe</i> <i>Injectable vaccine</i> Non-Core vaccine	Two initial doses are required to immunize, 3 to 4 weeks apart beginning as early as 8 weeks of age.	Initial vaccination: Administer a single dose, followed by a booster 3-4 weeks	If previously vaccinated, administer a single dose 1 year following the last dose administered, then annually thereafter	Administer 1mL subcutaneously	<ul style="list-style-type: none"> If vaccination status is unknown, it is generally recommended to restart the 2-dose series when the vaccination interval between the possible first dose exceeds 6 weeks.

[INSERT YOUR LOGO HERE]

Protocol for Feline Vaccination

DO NOT VACCINATE ANIMALS WITH A HISTORY OF SEVERE REACTIONS.

The purpose of this protocol is to provide core and non-core vaccinations to healthy cats and kittens.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

Staff Responsibilities:

The supervising veterinarian must :

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
 - Name or initials of the person responsible for entries.
 - Name, address, and phone number of the client.
 - Name or identity of the animal.
 - Except for herds or flocks, age, sex, breed, species, and color of the animal.
 - Beginning and ending dates of custody of the animal, if applicable.
 - A history or pertinent information as it pertains to each animal's medical status.
 - Data, including that obtained by instrumentation, from the physical examination.
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
 - Diagnosis or assessment before performing a treatment or procedure.
 - If relevant, a prognosis of the animal's condition.
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.
- Administering the vaccines/parasite medications pursuant to protocols established by the veterinarian.

[INSERT YOUR LOGO HERE]

Protocol for Feline Vaccination (page 2)

Clinic Customer Care Staff is responsible for:

- Scheduling appointments.
- Checking out clients.
- Providing clients with information about follow up appointments.

Location and Materials Needed:

To complete this protocol you will need:

- Vaccines (located in medication refrigerator).
- 3 cc syringes (located in medical cart).
- 25g x 5/8" needles and 22g x .75" needles (located in medical cart).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

Feline Vaccination Protocol: Medications

The RVT establishes the needed vaccinations and assesses the patient's eligibility for vaccination.

Core Vaccines:

FVRCP (modified live Feline Herpesvirus 1, Feline Calicivirus and Feline Panleukopenia Virus)

1) Determine vaccination schedule:

- Adult cats and older kittens (16+ weeks):
 - No history of previous vaccination: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination before 16 weeks of age: Administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination after 16 weeks of age (even if overdue): Administer 1 dose
 - Duration: 3 years
- Kittens (6 weeks-16 weeks):
 - Administer 1 dose, repeat every 3-4 weeks until 16 weeks of age
 - Duration: 1 year

2) Reconstitute vaccine:

- Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
- Roll to mix well. Do not vigorously shake.

[INSERT YOUR LOGO HERE]

Protocol for Feline Vaccination (page 3)

- 3) Change the needle to 25g.
- 4) Administer vaccine: 1 cc subcutaneously in right forelimb as distal as possible.
- 5) Note location of administration into the patient record.

Feline Rabies (killed 1 year or 3 year)

- 1) Determine vaccination schedule:
 - Adult cats and kittens 12+ weeks:
 - No history of previous vaccination or if overdue by >1 year: Administer 1 dose
 - Duration: 1 year
 - History of previous vaccinations up to date: Administer 1 dose of vaccine approved for 3-year administration
 - Duration: 3 years
- 2) Reconstitute vaccine:
 - Aseptically rehydrate the freeze-dried vaccine with the sterile diluent provided.
 - Roll to mix well. Do not vigorously shake.
- 3) Change the needle to 25g.
- 4) Administer vaccine: 1 cc subcutaneously in right hind limb as distal as possible.
- 5) Note location of administration into patient record.

Non-Core Vaccines:

Feline Leukemia Virus – FeLV (killed)

- 1) Determine vaccination schedule:
 - Recommended for all cats younger than 1 year, including exclusively indoor cats. Recommendation is based on age-related susceptibility and possibility of transition from indoor to outdoor housing within the first year of life without return to clinic for vaccination.
 - Recommended for all at-risk adult (older than 1 year) cats including those with outdoor access and/or exposure to cats that are FELV positive or unknown status.
 - Testing for leukemia is recommended prior to initial vaccination.
 - Adult cats and kittens 8+ weeks:
 - No history of previous vaccination: administer 1 dose, repeat in 3-4 weeks
 - Duration: 1 year
 - History of previous vaccination with a series of 2 vaccines at appropriate interval (even if overdue): administer 1 dose
 - Duration: 1 year
 - Unclear history, or only 1 initial vaccine: re-start series
 - Duration: 1 year
- 2) Roll to mix well. Do not vigorously shake.
- 3) Change the needle to 25g.

[INSERT YOUR LOGO HERE]

Protocol for Feline Vaccination (page 4)

Non-Core Vaccines (cont.):

- 4) Administer vaccine: 1 cc subcutaneously in left hind limb as distal as possible.
- 5) Note location of administration into the patient record.

Feline Vaccine Schedule:

Vaccine	Initial vaccination Kittens < 16 weeks old	Initial vaccination Adults > 16 weeks old	Revaccination (booster)	Location of vaccine	Comments
FVRCP (Panleukopenia Herpesvirus-1 Calicivirus) Core vaccine	Administer the first dose as early as 6 weeks of age, then every 3–4 weeks until 16–20 weeks of age	Administer two doses, 3–4 weeks apart	Revaccinate 1 year after primary series; thereafter, boost every 3 years, lifelong	Administer subcutaneously in right front limb as distally as possible	If the cat has been vaccinated previously and is overdue for revaccination, generally a single vaccination is all that is required. If prior vaccination status is unknown, the cat should be treated as unvaccinated.
Rabies IMRAB * Core vaccine <i>*Use IMRAB or PUREVAX, not both</i>	Administer a single dose at not less than 12 weeks / 3 months of age	Administer a single dose	Administer a single dose 1 year following the initial dose; then repeat annually (or every 3 years if using a vaccine licensed for this interval)	Administer subcutaneously in right rear limb as distally as possible	In California it is not required that cats be vaccinated for rabies, but it is highly recommended.
Rabies PUREVAX * Core vaccine <i>*Use IMRAB or PUREVAX, not both</i>	Administer a single dose at not less than 12 weeks / 3 months of age	Administer a single dose	Administer a single dose 1 year following the initial dose; then repeat annually (or every 3 years if using a vaccine licensed for this interval)	Administer subcutaneously in right rear limb	PUREVAX is a feline rabies vaccine made without the use of adjuvants. Adjuvants could be associated with injection site reaction, injection site granuloma, and chronic inflammation in cats.
FeLV Feline Leukemia Recommended for all cats <1 year; recommendation based on exposure for adult cats	Administer two doses, 3–4 weeks apart, beginning as early as 8 weeks of age	Administer two doses, 3–4 weeks apart	Administer a single dose 1 year following administration of the initial two-dose series	Administer subcutaneously in left rear limb as distally as possible	A negative FeLV test is recommended prior to administration of an initial FeLV vaccine.

[INSERT YOUR LOGO HERE]

Protocol for Canine Deworming

The purpose of this protocol is to provide dewormers to healthy dogs and puppies.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

Staff Responsibilities:

The supervising veterinarian must:

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
 - Name or initials of the person responsible for entries.
 - Name, address, and phone number of the client.
 - Name or identity of the animal.
 - Except for herds or flocks, the age, sex, breed, species, and color of the animal.
 - Beginning and ending dates of custody of the animal, if applicable.
 - A history or pertinent information as it pertains to each animal's medical status.
 - Data, including that obtained by instrumentation, from the physical examination.
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
 - Diagnosis or assessment before performing a treatment or procedure.
 - If relevant, a prognosis of the animal's condition.
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.
- Administering the vaccines and parasite medications as instructed in protocols established by the veterinarian.

[INSERT YOUR LOGO HERE]

Protocol for Canine Deworming (page 2)

Clinic Customer Care Staff is responsible for:

- Scheduling appointments.
- Checking out clients.
- Providing clients with information about follow-up appointments.

Location and Materials Needed:

To complete this protocol you will need:

- Deworming medications (located in the pharmacy).
- Syringes (located in the pharmacy and in exam room carts).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

Canine Deworming Protocol:

Medications

The RVT establishes the needed dewormers and assesses the patient's eligibility for deworming.

Deworming Medications:

Pyrantel Pamoate (Strongid) 50mg/mL – Treats Roundworms and Hookworms

- 1) Determine deworming schedule:
 - Adult dogs and older puppies (16+ weeks) – if needed
 - Administer 1 dose, repeat in 2 weeks
 - Puppies (2 weeks--16 weeks).
 - Administer 1 dose, repeat in 2 weeks.
- 2) Dosage:

Weight (kg)	Dose (mL)
1.0 and under	0.3
1-2	0.6
3-4	1.0
5-9	2.0
10-14	3.0
15-24	6.0

- 3) Administer deworming medication orally.

[INSERT YOUR LOGO HERE]

Protocol for Canine Deworming (page 3)

Droncit (Praziquantel) 34mg – Treats Tapeworms

- 1) Determine Deworming Schedule:
 - Adult dogs and puppies (4+ weeks).
- 2) Dosage:

Weight (kg)	Dose (34mg tablet)
2.2 and under	1/2 tablet
2.3-4.5	1 tablet
4.6-6.8	1 1/2 tablets
6.9-13.6	2 tablets
13.7-20.5	3 tablets
20.6-26.8	4 tablets
Over 26.9	5 tablets max

- 3) Administer deworming medication orally.

[INSERT YOUR LOGO HERE]

Protocol for Feline Deworming

The purpose of this protocol is to provide dewormers to healthy cats and kittens.

A Registered Veterinary Technician can establish a veterinary-client-patient relationship (VCPR) acting as an agent of the veterinarian for the purpose of administering vaccines and/or parasite medications, subject to the other conditions and requirements described in this document.

Staff Responsibilities:

The supervising veterinarian must:

- Be easily and quickly available via phone when vaccinations are being given in a nonregistered veterinary facility, or being somewhere in a registered veterinary facility where vaccinations are being given.
- Establish, maintain and update protocols for the administration of vaccines and/or parasite medications.

The Community Medicine Manager is responsible for:

- Ensuring required supplies and vaccines are stocked.
- Ensuring equipment is in good working order.

The Community Medicine Registered Veterinary Technician is responsible for:

- Performing the exam and completing SOAP, and recording all of the following in the medical record:
 - Name or initials of the person responsible for entries.
 - Name, address, and phone number of the client.
 - Name or identity of the animal.
 - Except for herds or flocks, age, sex, breed, species, and color of the animal.
 - Beginning and ending dates of custody of the animal, if applicable.
 - A history or pertinent information as it pertains to each animal's medical status.
 - Data, including that obtained by instrumentation, from the physical examination.
 - Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
 - Diagnosis or assessment before performing a treatment or procedure.
 - If relevant, a prognosis of the animal's condition.
 - All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- Adhering to protocols established by the veterinarian.
- Disclosing to the client (orally or in writing) that their pet is being seen by an RVT, who is acting as an agent of a veterinarian.
- Providing the veterinarian's name and license number to the client (through signage or otherwise).
- If the client authorizes the RVT to proceed, noting this consent in the patient's medical record.
- Administering the vaccines and parasite medications as instructed in protocols established by the veterinarian.

[INSERT YOUR LOGO HERE]

Protocol for Feline Deworming (page 2)

Clinic Customer Care Staff is responsible for:

- Scheduling appointments
- Checking out clients.
- Providing clients with information about follow up appointments.

Location and Materials Needed:

To complete this protocol you will need:

- Deworming medications (located in the pharmacy).
- Syringes (located in the pharmacy and in exam room carts).
- If not at a registered veterinary premises, must have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

Feline Deworming Protocol:

Medications

The RVT establishes the needed dewormers and assesses the patients' eligibility for deworming.

Deworming Medications:

Pyrantel Pamoate (Strongid) 50mg/mL – Treats Roundworms and Hookworms

- 1) Determine Deworming Schedule:
 - Adult cats and kittens (16+ weeks). – as needed
 - Administer 1 dose, repeat in 2 weeks
 - Kittens (2 weeks--16 weeks).
 - Administer 1 dose, repeat in 2 weeks.
- 2) Dosage:

Weight (kg)	Dose (mL)
1.0 and under	0.3
1-2	0.6
3-4	1.0
5-9	2.0
10-14	3.0
15-24	6.0

- 3) Administer deworming medication orally.

[INSERT YOUR LOGO HERE]

Protocol for Feline Deworming (page 3)

Droncit (Praziquantel) 23mg – Treats Tapeworms

- 1) Determine Deworming Schedule:
 - Adult cats and kittens (6+ weeks):
- 2) Dosage:

Weight (kg)	Dose (23mg tablet)
1.9 and under	1/2 tablet
2-5	1 tablet
Over 5	1 1/2 tablets

- 3) Administer deworming medication orally.

[INSERT YOUR LOGO HERE]

APPENDICES

[INSERT YOUR LOGO HERE]

APPENDIX A

[INSERT YOUR LOGO HERE]

Client/Patient Information

Client Name:	Patient Name:
Address:	Species: Canine Feline Breed:
Primary Phone Number:	Sex: Male Female Intact Spayed
Secondary Phone Number:	Age:
Email Address:	Color:

Today's Visit

1. What is the animal you have brought in here for today?
2. Does the animal you have brought in have any food, medication, or environmental allergies?
 YES NO
If yes, please describe below:
3. Does the animal have a history of seizures? YES NO
4. Do you have any concerns about the animal you have brought in? YES NO
If yes, please describe below:

Patient History

1. Please list all current medications, including flea & heartworm preventatives, prescriptions, and/or dietary supplements:

Medication	Dosage Instructions	Date of last dose	Time of last dose

[INSERT YOUR LOGO HERE]

2. Have you noticed any of the following? If yes, please describe below.

Changes in drinking or appetite	Yes	No	
Changes in frequency or amount of urination	Yes	No	
Vomiting and/or diarrhea	Yes	No	
Coughing and/or sneezing	Yes	No	
Significant weight loss or weight gain	Yes	No	
Changes in attitude or behavior	Yes	No	
Lameness, stiffness, or discomfort moving	Yes	No	

Lifestyle

1. What brand and type of food does the animal eat? How much is offered per meal? How many times per day?

2. Has the animal travelled outside of the state in the past two years? YES NO
If yes, please state below:

3. Has the animal had vaccines in the past three years? YES NO
If yes, please state below:

4. Has the animal ever had reactions to vaccines? YES NO
If yes, please describe below:

[INSERT YOUR LOGO HERE]

5. If you are bringing a cat today, is the cat: Indoor Outdoor Indoor and Outdoor

Records

1. Where was the animal last seen by a veterinarian? Approximately when was the last visit?

Please state the practice name and contact information for your regular veterinarian, if you have one:

[INSERT YOUR LOGO HERE]

APPENDIX B

[INSERT YOUR LOGO HERE]

Date: _____

Staff Member Entering Information: _____

Client/Patient Information Form

Client Name:	Patient Name:
Address:	Species: Canine Feline Breed:
Primary Phone Number:	Sex: Male Female Intact Spayed
Secondary Phone Number:	Age:
Email Address:	Color:

Vital Signs:

Temperature: _____ °F Rectal/Aural Pulse: _____ Respiration: _____ Weight: _____ kg

Subjective:

History/Behavior/Current Concerns:

Any: Coughing Sneezing Vomiting Diarrhea None reported by owner

Energy Level at Home: Normal Abnormal: _____

History of seizures: Yes No

Travel/Activity/Lifestyle Status: _____

Current Medications (Drug/Dosage): _____ None reported by owner

Diet (Brand/Type/Amount): _____

Length of Custody: _____ Since adolescence Recently adopted/purchased

Objective:

General Appearance: BAR, hydrated. MM = Pink, moist CRT = 1-2 sec, Pain score = _____

Behavior: FAS = _____ Friendly Fearful Shy Better with owner Go slow Likes treats

Integument: Appropriate skin turgor. Clean full coat, no ectoparasites visualized. Abnormal _____

EENT: Normal Abnormal _____

[INSERT YOUR LOGO HERE]

Client/Patient Information Form (page 2)

Oral: Mild Moderate Severe generalized calculus and gingivitis. No oral masses or lesions visualized. Abnormal _____

Cardiovascular: No murmur, regular rhythm ausculted using stethoscope. Femoral pulses are strong, synchronous, and symmetrical. Abnormal _____

Respiratory: Eupneic. Normal bronchovesicular sounds using stethoscope. No crackles, wheezes, stertor or stridor. Abnormal _____

Genitourinary: Normal -- no vaginal or preputial discharge. Abnormal _____ Pregnant. Lactating.

Musculoskeletal: BCS = ____/ 9. Ambulatory x 4 with no lameness appreciated. Adequate/symmetrical muscling. Full orthopedic exam not performed. Abnormal _____

Neuro: Appropriate mentation. Full neuro exam not performed. Abnormal _____

Assessment:

Assessment: Healthy. Requires follow up with veterinarian.

Prognosis: Okay for vaccination. Requires treatment from veterinarian prior to treatment.

Plan:

Recommendations Declined: _____

Vaccinations:

Rabies Route: SQ Location: _____ Next Due in: 1 year 3 years

DHPP Route: SQ Location: _____ Next Due in: 3-4 weeks 1 year 3 years

Leptospirosis Route: SQ Location: _____ Next Due in: 3-4 weeks 1 year

Bordetella Route: Oral or injectable Location: _____ Next Due in: 3-4 weeks (injectable) 1 year

Canine Influenza Route: SQ Location: _____ Next Due in: 3-4 weeks 1 year

FVRCP Route: SQ Location: _____ Next Due in: 3-4 weeks 1 year 3 years

FeLV Route: SQ Location: _____ Next Due in: 3-4 weeks 1 year

Treatments:

Dewormer Medication: _____ Dose: _____ Strength: _____ Route: _____ Next Due: in 2-3 weeks if worms seen

Flea/Tick Treatment Medication: _____ Route: Oral/Topical Frequency: Monthly Every 3 months

[INSERT YOUR LOGO HERE]

Client/Patient Information Form (page 3)

Follow up Plan: Informed client how to monitor for vaccine reactions, monitor for side effects of flea/tick treatment (if given), provided client education handout. Informed client of CAPC guidelines.

Client Communication: Communicated that treatment today will be provided by a registered veterinary technician who is acting as an agent of a veterinarian for purposes of administering preventive or prophylactic vaccines or medications, as applicable, and the name and veterinary license number of the veterinarian was provided to the client.

Registered Veterinary Technician: _____ (License #: _____) working as an agent of

Veterinarian: _____ (License #: _____)

[INSERT YOUR LOGO HERE]

APPENDIX C

[INSERT YOUR LOGO HERE]

DISCHARGE INSTRUCTIONS

Thank you for bringing the animal to see us today. Below is a summary of the treatments performed, as well as some possible side effects.

Information relating to emergency care can be found on page 3 of these instructions.

The animal received the following treatments today:

Canine

- Rabies Next Due in: 1 year 3 years
- DHPP Next Due in: 3-4 weeks 1 year 3 years
- Leptospirosis Next Due in: 3-4 weeks 1 year
- Bordetella Next Due in: 3-4 weeks (injectable) 1 year
- Canine Influenza Next Due in: 3-4 weeks 1 year
- Dewormer Next Due: in 2-3 weeks 1 year
- Flea Treatment Next Due: 1 month

Feline

- Rabies Next Due in: 1 year 3 years vaccine type (circle one): Imrab/Purevax
- FVRCP Next Due in: 3-4 weeks 1 year 3 years
- FeLV Next Due in: 3-4 weeks 1 year
- Dewormer Next Due: in 2-3 weeks 1 yr
- Flea Treatment Oral/Topical 1 month 3 months

Post-Vaccination Information:

If the animal received a vaccination today: It is fairly common for animals to experience some or all of the following mild side effects. These side effects can start immediately or within several hours after a vaccination has been administered and typically last no longer than a couple of days:

- Mild fever.
- Decreased activity/appetite.
- Tenderness at vaccination site.

[INSERT YOUR LOGO HERE]

DISCHARGE INSTRUCTIONS (page 2)

It also is possible that a small, firm swelling under the skin could develop at the vaccination site soon after vaccination. This swelling should start to disappear within a couple of weeks. If it lasts more than three weeks, seems painful, or seems to be getting larger, contact your veterinarian.

Occasionally, serious side effects can occur minutes to hours after a vaccination has been administered. The signs of a reaction include:

- Vomiting or diarrhea.
- Swelling of the face and eyes.
- Difficulty breathing.
- Fainting or collapse.
- Raised, itchy bumps (hives) all over the body.

Contact [provide emergency clinic/after hours contacts] immediately if any of these serious side effects are noted or if mild signs persist more than 48 hours.

Post- Flea, Tick, or Heartworm Preventive Information:

If a flea, tick, or heartworm preventive was administered today:

Topical (on the skin)

If a topical medication was applied, the following side effects may occur. These side effects can start immediately or within several hours after the medication was administered and typically last no longer than a couple of days:

- Greasy spot where medication was applied.
- Hair loss where medication was applied.
- Vomiting or diarrhea.
- Decreased activity/appetite.

If a topical (on the skin) flea prevention was applied today, do not bathe the animal or allow them to swim for 48 hours to allow the product to be fully absorbed. If there are other animals in the home, do not allow them to lick the medication off the treated animal. If you touch the medication with your hands in the next 48 hours, wash your hands immediately.

[INSERT YOUR LOGO HERE]

DISCHARGE INSTRUCTIONS (page 3)

Oral (in the mouth)

If an oral (in the mouth) flea prevention was given, the following side effects may occur. These side effects can start immediately or within several hours after the medication has been administered and typically last no longer than a couple of days:

- Vomiting or diarrhea.
- Decreased activity/appetite.
- Hypersalivation (drooling).

Serious side effects are rare, but can occur. If you have any concerns, contact [provide emergency clinic/after hours contacts] immediately.

Post- Dewormer Administration Information:

If a dewormer was administered to your pet today, the following side effects may occur. These side effects can start immediately or within several hours after the medication was administered and typically last no longer than a couple of days:

- Vomiting or diarrhea.
- Decreased activity/appetite.
- Hypersalivation (drooling).

Serious side effects are rare, but can occur. If you have any concerns about your pet, contact [provide emergency clinic/after hours contacts] immediately.

Emergency and Triage Care:

If you have any concerns, please reach out to **[provide emergency clinic/after hours contacts]**.

For After Hours Emergencies:

Many veterinary hospitals are experiencing long wait times for emergency and routine care. To help you determine whether an animal needs immediate care, you can contact **[provide telehealth provider contact information]**. This site allows you to videoconference (video call) with a licensed veterinarian who will provide guidance on whether an animal requires emergency care, an appointment, or can be monitored or treated at home. The cost of this service varies and can save you time and money and give you valuable peace of mind.

Below are local emergency hospitals. Please note this is not an exhaustive list, nor are they recommendations.

- **[provide emergency clinic/after hours contacts]**

[INSERT YOUR LOGO HERE]

APPENDIX D

[INSERT YOUR LOGO HERE]

**AGREEMENT FOR TREATMENT BY REGISTERED VETERINARY TECHNICIAN
AND ACKNOWLEDGMENT OF NOTICE**

I am the owner of the above named animal or am responsible for the animal and I have the authority to execute this authorization as an agent of the owner.

I understand the treatments and procedures for which I am presenting the animal named above today may involve risk of complications, injury or even death, from both known and unknown causes, and no outcome, result, consequence, warranty or guarantee has been either expressed or implied as to any result of those treatments and procedures.

I assume financial responsibility for all fees related to the treatment(s) performed and will provide payment in full at the time of service. If I have financial concerns, I will immediately inform someone involved with today's treatments and procedures, to discuss options.

I understand that the treatments and procedures, which the animal named above will be receiving today, will be provided by a Registered Veterinary Technician ("RVT") who is acting as an agent of a veterinarian for purposes of administering preventive or prophylactic vaccines or medications, as applicable, to the animal named above. The name and veterinary license number of the veterinarian was provided to me by the Registered Veterinary Technician.

By signing below I acknowledge that: (i) I have read and agree to the above, (ii) The RVT and **[fill in: name of clinic/veterinary hospital/shelter running the treatment/clinic]** (including its employees and agents) are authorized to provide care and perform any treatment that the RVT considers reasonable or necessary for the animal named above, and I consent to any such services, and (iii) I am encouraged to discuss any concerns I have about risks for a proposed treatment with the RVT prior to today's treatment.

Signed: _____

Printed Name: _____

OWNER AGENT

Date: _____

[INSERT YOUR LOGO HERE]

APPENDIX E

[INSERT YOUR LOGO HERE]

**AUTHORIZATION PURSUANT TO
SECTION 4826.7 OF THE BUSINESS AND PROFESSIONS CODE**

The individuals signing this statement agree and understand the following:

1. In connection with vaccination clinics and other services rendered by the registered veterinary technician listed below, the veterinarian listed below assumes the risk for all acts of the registered veterinary technician related to examining an animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites. The veterinarian does not assume the risk for willful acts of animal cruelty, gross negligence, or gross unprofessional conduct by the registered veterinary technician.
2. The veterinarian listed below authorizes the registered veterinary technician listed below to act as the agent of the veterinarian to establish the veterinarian-client-patient relationship only for purposes of administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites. The registered veterinary technician must act in compliance with the protocols and procedures established and recommended by the veterinarian. This authorization for the registered veterinary technician to act as the agent of the veterinarian is valid only until the date the veterinarian terminates the authorization.

Signature of California licensed veterinarian Date

Printed name of California licensed veterinarian

Signature of Registered Veterinary Tech. Date

Printed name of Registered Veterinary Tech.

[use a separate statement/agreement for each RVT involved in the clinic]