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**CONSENT TO VACCINATION**

Owner's Name: \_\_\_\_\_

The goal of vaccination is to effectively reduce the extent and severity of infectious diseases in our cats.

In granting this consent to vaccinate I hereby state that:

- 1) I understand that my cat may be exposed to feline infectious diseases.
- 2) I understand that the vaccination of my cat will substantially reduce, but may not completely eliminate, his/her chances of contracting these diseases
- 3) I understand that my cat may develop reactions after vaccination. I understand that these side effects are usually minor and pass without the need of any additional veterinary care. I understand, however, that should my cat develop any severe or unanticipated reaction to the vaccination (such as, but not limited to: fever, lethargy, vomiting, diarrhea, swelling or acute collapse and death) I should contact BRICK CITY CAT HOSPITAL immediately, at (352)732-7877, for instructions. If after hours you are to contact UF PET EMERGENCY TREATMENT SERVICES at (352)512-0886.
- 4) I understand that my cat has an estimated 1:10,000 chance of developing a sarcoma at the vaccination site. I understand that this type of tumor, should it occur, is life threatening and it may require extensive medical and/or surgical treatment.  
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- 5) I have had an opportunity to ask any questions that I have concerning these vaccinations. All such questions have been answered to my satisfaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature