

[Your Clinic's Letterhead]

[Date]

[Pet Owner's Name]

[Pet Owner's Address]

[City, State, Zip Code]

Dear [Pet Owner's Name],

Subject: Vaccination Record for [Pet's Name]

We are writing to provide you with the vaccination record for your pet, [Pet's Name], as per the FVRC-P guidelines. Below is the detailed information regarding the vaccinations administered.

**\*\*Pet Information:\*\***

- Name: [Pet's Name]

- Species: [Dog/Cat/Other]

- Breed: [Breed]

- Date of Birth: [DOB]

**\*\*Vaccination History:\*\***

1. **\*\*Vaccine Name:\*\*** [e.g. Rabies]

- **\*\*Date Administered:\*\*** [MM/DD/YYYY]

- **\*\*Next Due Date:\*\*** [MM/DD/YYYY]

2. **\*\*Vaccine Name:\*\*** [e.g. Distemper]

- **\*\*Date Administered:\*\*** [MM/DD/YYYY]

- **\*\*Next Due Date:\*\*** [MM/DD/YYYY]

3. **\*\*Vaccine Name:\*\*** [e.g. Bordetella]

- **\*\*Date Administered:\*\*** [MM/DD/YYYY]

- **\*\*Next Due Date:\*\*** [MM/DD/YYYY]

For any further questions or to schedule the next vaccination, please contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for your commitment to your pet's health!

Sincerely,

[Your Name]

[Your Position]

[Your Clinic's Name]

[Clinic Address]

[City, State, Zip Code]

[Clinic Phone Number]

[Clinic Email Address]