

[Your Name]
[Your Title/Position]
[Your Organization/Clinic Name]
[Organization Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Recipient Organization]
[Recipient Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: FVRCPC Vaccination Authorization

I am writing to authorize the administration of the FVRCPC (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia, and Chlamydia) vaccination for [Pet's Name] belonging to [Owner's Name] under my recommendation. The vaccination is essential for [specify reason, e.g., health protection, boarding, etc.].

Details of the vaccination are as follows:

- Pet's Name: [Pet's Name]
- Owner's Name: [Owner's Name]
- Date of Birth: [Pet's Date of Birth]
- Species/Breed: [Pet's Species/Breed]

This authorization is valid until [expiration date if applicable]. Please ensure that the vaccination is documented in [Pet's Name]'s health record.

Should you have any queries, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Organization/Clinic Name]