

[Your Clinic/Practice Name]
[Your Clinic/Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]
[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your pet has received the FVRCP vaccination on [vaccination date]. This vaccination protects against feline viral rhinotracheitis, calicivirus, and panleukopenia. Your pet's health and well-being is our top priority. If you have any questions or need further information, please do not hesitate to contact us.

Thank you for entrusting us with your pet's care.

Sincerely,

[Your Name]
[Your Title]
[Your Clinic/Practice Name]