

Show you care

Show you care

More information

For further information please don't hesitate to contact your veterinary surgeon or visit our website



www.future-of-vaccination.co.uk

Produced by: Intervet UK Limited,
Walton Manor, Walton, Milton Keynes MK7 7AJ

my cat's name:



My cat's details

Cat's name: _____

Breed: _____

Description: _____

Sex: _____

Date of birth/age: _____

Cat identity no. _____

Date of microchipping _____

Date neutered: _____

Owner's name: _____

Address: _____

Postcode: _____

Telephone: _____

Owner reference number: _____

Introduction

This booklet will help you keep track of all your pet's most important healthcare measures – including those we administer here at the veterinary practice, and those you carry out yourself at home.

Please update it regularly and always bring it with you when you visit the surgery. The booklet will also be accepted by catteries and others as proof of vaccination.

We wish you and your pet a long and happy life together!

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Preventing infectious disease

Several dangerous disease still affect cats in the UK.

Vaccination is the only safe way to provide immunity against these diseases, and if carried out regularly, it can protect your pet for life.

A kitten's vaccination course will usually start at nine weeks of age, but we can advise you on the best timing. Remember that the protective effects of vaccination are not immediate and we'll tell you when your kitten may be safely allowed outside. If you acquire an older kitten or adult cat of unknown vaccination history, ask for advice on vaccination straight away.

When you first have your cat or kitten vaccinated, two vaccinations are usually given as a primary course. Just as with many human vaccines, the immunity provided by vaccines then wanes over time. If your pet attends the surgery every year for a routine check-up, we'll be able to discuss with you which vaccines need to be boosted.

Flea and tick control

Fleas and ticks can be easily controlled. There are treatments that with regular use can keep your pet free of fleas and they are available from this practice.

Worm control

Cats can become infected with many types of internal parasite but the main ones are roundworms and tapeworms. It's not always easy to tell if your cat has worms unless it is heavily infested, so routine prevention is strongly advised.

Modern wormers, available from this practice, are very effective. Some wormers are tasty and may even be enjoyed by your cat!

Taking your cat abroad

Cats can now be taken abroad under the Government's Pet Travel Scheme without the need for quarantine. However, vaccination against rabies is mandatory, as well as micro-chipping, blood testing and treatment against certain parasites. Ask your vet for a leaflet about the Pet Travel Scheme **at least eight months before you plan to travel.**

Checklist for a healthy cat

Grooming

When you're grooming your cat, check that its eyes and ears are clean, clear and free from excessive discharge.

Teeth

Check your cat's mouth regularly. The teeth should be clean and free from deposits and the gums should be pink in colour.

Claws

Look at your cat's claws from time to time. As a rule they should not need regular trimming if they have the opportunity to get outside on a regular basis.

First kitten health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Second kitten health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

1st year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

2nd year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

Flea treatment		Weight	Worm treatment	
Date	Product	Actual <input type="text"/> kg Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked		
		Comments: _____ _____ _____ _____ _____		

Flea treatment		Weight	Worm treatment	
Date	Product	Actual <input type="text"/> kg Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked		
		Comments: _____ _____ _____ _____ _____		

3rd year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

4th year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

Flea treatment		Weight	Worm treatment	
Date	Product	Actual <input type="text"/> kg Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked		
		Comments: _____ _____ _____ _____ _____		

Flea treatment		Weight	Worm treatment	
Date	Product	Actual <input type="text"/> kg Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased		
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked		
		Comments: _____ _____ _____ _____ _____		

5th year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

6th year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

7th year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

8th year health check

Date: _____

Date: Vaccine(s) and batch number(s): Signature and practice details: Next vaccination due:

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Healthcare and the older cat

As we age, we all become more prone to illness, and the cat is no exception. Below we list a number of relatively common conditions that affect older animals.

We aim to carry out a routine healthcheck with your cat at least once a year. But if you have any concern at all between check-ups, please do not hesitate to contact the surgery.

Urinating in the house

If your cat starts urinating in the house, the cause may be either behavioural (marking territory in response to other cats) or the result of some underlying medical condition. Either way, it's important to discuss the problem with your vet.

Dental problems

Dental disease is very common in older cats – at least 85% of cats over 5 years of age are thought to have dental disease. It should be taken seriously, because as well as causing bad breath it can cause severe discomfort and cause infections in other parts of the body. We are happy to advise on dental hygiene problems.

Kidney disease

One of the main causes of illness in older cats, signs of kidney failure include increased thirst, increased urine production and weight loss. The key to successful treatment is early diagnosis

Hyperthyroidism

Hyperthyroidism – the presence of too much thyroid hormone in the blood – is one of the more common problems in older cats. Symptoms include weight loss, loss of coat condition, appetite changes (up or down) and grouchy behaviour. The condition is easily treatable.

Weight gain

Older, sedentary cats can put on weight; and obesity, if it develops, can lead to many secondary complications such as diabetes or heart problems. We can advise on diet and nutrition and even slimming clinics if necessary!

Diabetes mellitus

Diabetes is common in older cats especially if overweight. Tomcats are more susceptible. Insulin treatments for cats are now available and again the key to successful treatment is early diagnosis.

Lumps and bumps

Unusual swellings occur on the body of older cats and can be serious. The golden rule is to have all new or unusual swellings checked out by your vet.

Eye conditions

You may notice changes in your cat's eyes as he or she ages. These can include warts on the eyelids, drooping eyes, black pigment on the surface of the eye, white grey or yellowish deposits in the eye, a change or iris colour, holes in the iris, and a blueish-white opacity in the lens.

Sometimes these can indicate the start of serious problems. Again, an early visit to the vet is essential for an accurate diagnosis.

9th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

10th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

11th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

12th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

13th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

14th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

15th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

16th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

17th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

18th year health check

Date: _____

Date: _____ Vaccine(s) and batch number(s): _____ Signature and practice details: _____ Next vaccination due: _____

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			

Flea treatment		Weight	Worm treatment		
Date	Product	Actual <input type="text"/> kg	Ideal <input type="text"/> kg	Date	Product
		Appetite <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Drinking <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> Increased			
		Checklist <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Abdomen <input type="checkbox"/> Diet <input type="checkbox"/> Claws <input type="checkbox"/> Mobility <input type="checkbox"/> Teeth <input type="checkbox"/> ID Chip checked			
		Comments: _____ _____ _____ _____ _____			