		<20 Weeks of age first dose	>20 Weeks of age first dose	
		administered:	administered:	Clinically relevant comments for administration
FPV + FHV-1 + FCV	PARENTERAL Attenuated live	Single dose at intake or where possible at least 1 week before shelter entry; in kittens, the first dose no earlier than 4 weeks, and then q 2 weeks until 16–20 weeks of age	For adults, single dose at intake or where possible at least 1 week before shelter entry Second dose 2 weeks later	Vaccination of pregnant queens and kittens <4 weeks of age should be avoided because of the theoretical concern for cerebellar hypoplasia. ^{5,10} Because of the theoretical risk of clinical signs due to residual virulenc of the attenuated virus in an immunocompromised patient, consider avoiding in cats with retrovirus infections. ^{5,10} Provides cross-protection to canine parvovirus. ^{10,20} Considered by many clinicians to be their first choice for protection against FPV, owing to more rapid protective response than inactivated vaccines. ^{6,21,22}
	PARENTERAL	Not recommended owing to delayed protective response specifically for FPV (see comments in text) ^{5,9-11}		
	Inactivated			
	INTRANASAL	Not recommended in shelters owing to less-than-optimal protection against panleukopenia ³¹		Do not vaccinate any earlier than 4 weeks of age because of the concern for cerebellar hypoplasis ^{15,16} . Shelters should be aware that postvaccinal clinical signs associated with the use of intranassi vaccines could be confused with those caused by natural infections. Provides faster protection, which is especially relevant in high-risk populations and with littlers against respiratory disease ³⁴ . Consider vaccination simultaneously with parenterial Fby A Might cause transient clinical signs of respiratory disease.
	Attenuated live			
>	INTRANASAL	Single dose at intake or where	Single dose at intake or where	Do not vaccinate any earlier than 4 weeks of age because of the conce for cerebellar hypoplasia ^{15,16}
FHV-1 + FCV	Attenuated live	possible at least 1 week before shelter entry; in kittens, administer no earlier than 4 weeks	possible at least 1 week before shelter entry	tor cerebeniar hypophasias Shelters should be aware that postvaccinal clinical signs associated with the use of intranasal vaccines could be confused with those caused by natural infections Provides faster protection, which is especially relevant in high-risk populations and with kittens against respiratory disease. Might cause transient clinical signs of respiratory disease.
FeLV	PARENTERAL	Two doses 3–4 weeks apart beginning as early as 8 weeks of age	Two doses 3–4 weeks apart	• Optional in individually housed cats but shelters should consider the
	Recombinant (live canarypox vector)			benefits of vaccinating more cats against FeIV * Strongly recommended in group-housed cats * Recommend testing to establish FeIV antigen status prior to vaccinating (see text for comments) * There is conflicting evidence in the literature regarding efficacy and sat when comparing recombinant and inactivated vaccines (see text for comments). **P-14-5-90**
	PARENTERAL	Two doses 3-4 weeks apart beginning as early as 8 weeks of age	Two doses 3-4 weeks apart	❖ Optional in individually housed cats but shelters should consider the
	Inactivated			benefits of vaccinating more cats against FeLV * Strongly recommended in group-housed cats * Recommend testing to establish FeLV antigen status prior to vaccinatie (see text for comments) * There is conflicting evidence in the literature regarding efficacy and sat when comparing recombinant and inactivated vaccines (see text for comments) ***
		Administration ins	structions	Clinically relevant comments for administration
Rabies	PARENTERAL	Follow vaccine label instructions and local laws		♣ Necessary for all cats where legally allowed/mandated or in an endemic registance. The authority to administer rabies vaccine to shelter-housed cats is often sipulated by state or local law and may not be at the discretion of shelter personnel. As the state-provinces where rabies vaccination may not be mandated, shelters should consider the benefits of vaccinating more cats against rabe. There is conflicting evidence in the literature regarding efficacy and safe when comparing recombinant and inactivated vaccines (see text for comments) ^{12,20}
	Recombinant			
	(live canarypox vector)			
	PARENTERAL	Follow vaccine label instructions and local laws		Necessary for all cats where legally allowed/mandated or in an endemic region. The outbooks to administrative replies vegcine to shelter housed eats in after
	Inactivated			❖ The authority to administer rables vaccine to shelter-housed cats is soft stipulated by state or local law and may not be at the discretion of shelter personnel ❖ In states/provinces where rables vaccination may not be mandated, shelters should consider the benefits of vaccinating more cats against rab ❖ There is conflicting evidence in the literature regarding efficacy and sat when comparing recombinant and inactivated vaccines (see text for

Table 3 Core vaccines for shelter-housed cats