Regrettably, two errors appeared in the 2013 AAFP Feline Vaccination Advisory Panel Report. Firstly, in the ‘Injectable vaccine administration’ box, on page 798, the pictures in Figures 8 and 9 were swapped with each other. The amended box is reproduced here. Secondly, the penultimate sentence in the second ‘Trap–Neuter–Return’ FAQ on page 804 should have read: ‘In contrast, only inactivated vaccines resulted in a high rate of protective antibodies against FHV-1,’ and not ‘In contrast, only modified-live vaccines ...’. The errors appear in the printed copies of the journal, and in online versions downloaded before November 2013.

There is a lack of clinical information to make evidence-based vaccine site recommendations. The majority of safety and efficacy data comes from licensing studies in which vaccines are administered subcutaneously in the interscapular region. Due to concerns of potential sarcoma development, practitioners may consider giving vaccines in other locations. Current research indicates that radical surgical resection of injection-site sarcomas, including margins of 5 cm when possible, is associated with the highest response rate and long-term survival. A 2009 paper reported an increase in lateral abdominal injection-site sarcomas since the publication of the Vaccine-Associated Feline Sarcoma Task Force vaccination recommendations in 1996.

The Advisory Panel recommends, as in the 2006 Guidelines, that veterinarians administer:
- FPV, FHV-1, FCV vaccines below the right elbow (Figure 7).
- FeLV vaccines below the left stifle (Figure 8).
- Rabies vaccines below the right stifle (Figure 9).

Vaccines should be administered as low on the leg as possible. Caution is warranted when vaccinating cats resting in a crouched position as this may result in inadvertent injection of the skin fold of the flank. Veterinarians should note that data on the safety and efficacy of administering vaccines in very distal limb locations are lacking. Figure 10 shows recommended vaccination sites, as well as sites to avoid.