

VACCINATIONS

Disclaimer: I advise you to do your own research. Read and study this subject, discuss your concerns with your veterinarian, weigh the pros and cons and make your own informed decisions. Because this is a canine related web page, I have not included specific feline information/articles. Feline information can be found at many of the same links listed on this page.

VACCINES ARE NOT HARMLESS!!

"For some readers the very idea that vaccines are anything but wonderful and life-saving may come as a surprise, and it's not a very pleasant one. After all, the general population pictures vaccines as one of modern medicine's best and brightest moments, saving literally millions from the scourge of diseases like poliomyelitis and smallpox." Dr. Richard Pitcairn D.V.M., Ph.D

It has been standard procedure to take dogs to the vet for "shots" every year. Your vet tells you to do this, your breeder most likely did too. So what's the problem?

The problem is **over vaccination** which may lead to **vaccinosis**; chronic disease caused by vaccines. ([Dr. Richard Pitcairn](#)) "Animals react adversely to vaccines in two main ways. The first is the more obvious immediate anaphylactic response, where the animal may develop swelling of the face or ears, as well as pain and inflammation at the site of injection," said Donna Starita Mehan, D.V.M., a veterinarian in Boring, Oregon. "But a larger number of animals develop an undercurrent, [a] subtle immune system shift that compounds every time they receive a vaccination. This may later manifest as any number of chronic degenerative illnesses such as arthritis, skin or ear problems, gum or throat inflammation, behavior problems, central nervous system disorders (i.e. epilepsy), or cancer." ([critterchat](#))

Many vets don't recognize this link, however, many owners and breeders believe we've only begun to discover how many diseases or general malaise is directly attributed to over vaccination.

Margaret Rivera's Vaccinosis Story

Over vaccination is three fold. The first is giving one multi combo vaccine (one shot that contains more than one vaccine) to cover a variety of diseases. The second is giving vaccinations to cover disease that the animal is unlikely to encounter or that the vaccine is not effective against. The third is giving vaccines too often.

What's wrong with multi-combo vaccines?

Multiple components in vaccines compete with each other for the immune system and result in lesser immunity for each individual disease as well as increasing the risk of a reaction. ([critter fixer](#))

Let's start with puppies. The result of multi combo vaccines is that puppies receive too much stimulus to the immune system at one time. In the real world, a puppy would not be exposed to distemper, hepatitis, parainfluenza, adenovirus, leptospira (lepto), pavro or corona viruses **all at the same time**.

Why do pharmaceutical companies make combo vaccines and why do vets give them?

The answer is that they are less expensive to make and easier (less time consuming) to give. Vets will say that most owners won't come in more than one time for shots. However, most people are not aware of the adverse reactions and long term disease that many dogs experience from multi combo vaccinations. Many vets themselves are not aware, partly because they only view a reaction as something that happens within 24 hours of vaccination.

The second aspect of over vaccination is vaccinating for diseases that are rare or not in the area the dog lives, are not life threatening or that the vaccine isn't effective for. This is where it can get tricky because many vets will state that **all** diseases should be vaccinated against. What they don't tell us is that some of these vaccinations may not be effective and can cause more harm than good.

LEPTO: 'This vaccine should not be given to puppies less than 16 weeks of age as it is very immunosuppressive. It can interfere with immunization against parvo & distemper. Reactions are common. The risk of side effects outweigh the benefits.' ([critter fixer](#))

CORONA: 'Canine corona virus is only a disease of puppies less than six weeks of age. It is a rare, self-limiting disease (i.e. dogs get well in 3 days without treatment). Corona virus does not cause disease in adult dogs.' ([critter fixer](#))

Because maternal antibodies can persist far longer than previously thought possible, Ronald D Schultz, Ph.D. strongly recommends that the last vaccination take place at 22 weeks for a puppy. There is new information that indicates that as many as 20% of dogs at 18 weeks have enough maternal antibodies to prevent successful parvo immunization. (Note: previously it was recommended that the last immunization in the series occur at 12 to 16 weeks of age). ([Kirk's Current Veterinary Therapy XI](#))

Vaccine is a solution of inactivated virus, either live and weakened (“attenuated” or “modified”) or killed. This virus is injected into the

puppy. If there is still adequate maternal antibody present, this vaccine virus will be destroyed just as if it were a real infection. There will be a period of about a week when there is not enough maternal antibody to protect the puppy but too much to allow a vaccine to work. (This period is called the “window of vulnerability.”) Then after this, vaccine can be effective.

The next problem is the age at which vaccine can be effective is different for each individual puppy.

After a puppy is born, maternal antibody levels drop by half approximately every 10 days. Puppies that were born first or were more aggressive at nursing on the first day, will get more maternal antibody than their littermates. Mother dogs vaccinated at approximately the time of breeding will have the highest antibody levels to pass on to their puppies.

*** REMEMBER, the more maternal antibody a puppy has,
the less likely a vaccine is to work.***

To get around this, we vaccinate puppies in a series, giving a vaccine every 2-4 weeks until age 16 weeks. By age 16 weeks, we can be certain that maternal antibodies have waned and vaccine should be able to “take.” It should be recognized that some individuals, especially those of well vaccinated mothers, must be vaccinated out to 20 weeks (unless a “high titer” vaccine is used.)
([Vaccination Options/Prevention](#))

The third aspect is yearly booster shots. I always wondered WHY dog's had to have yearly boosters, yet after initial baby shots, human's don't. Even tetanus vaccinations are good for 10 years! In my research, I discovered that there is NO clinical proof that dogs need annual boosters and many vets don't even know why this is a common practice.

"A BOOSTER SHOT"...what does that mean? When an animal or human is vaccinated they generally will develop a response to the vaccine by increasing their level of protective defense immunity. This level may be high, low, or none. Usually there is a measurable response indicating some protection. If a second vaccine for the same disease is given at a later time...this second vaccine will BOOST the protective levels of immunity that were induced by the first vaccine. So, whether the vaccine is for Rabies or Parvovirus or Feline Leukemia, it might be called a "BOOSTER SHOT" if it is given sometime after an original vaccination.

[Vaccinations...Too Many, Too Often?](#)

The one-year recommendation was not determined by any scientifically validated studies nor will one find in the literature publications that demonstrate a need for annual vaccination with many of the products in use. Furthermore, we do not know if there would be any difference in immunity between animals that are vaccinated annually or animals vaccinated only once every three years when challenged. ([WHAT IS THE EFFICACY OF CURRENT VACCINES?](#) by Ronald D. Schultz, Ph.D., Dipl. ACVM (honorary))

The one-year revaccination frequency recommendation found on many vaccine labels is based on historical precedent and United States Department of Agriculture regulation, not on scientific data. ([AVMA position statement](#))

Excerpts from [Vaccinations in Veterinary Medicine: Dogs and Cats](#)
by D.M. McCluggage, DVM

Yearly "boosters" are unnecessary, provide no benefit if given (will not increase immunity). Thus boosters are either a legal issue (Rabies) or a manipulation issue (inducing clients to come in for examination rather than directly suggesting an examination). First, remembering that booster vaccines are unnecessary, we can stop all vaccination after one year of age for virtually all diseases (cf. below; Rabies is required by law so we need to work to change the laws so that they are in accordance with the fact rather than fear.)

Secondly, all vaccines should be administered as single antigens. (An antigen is something that is capable of eliciting an immune response, in this case a viral or bacterial organism from which a vaccine is produced.) This means not using the polyvalent vaccines which have become so common these days. Natural exposure to diseases is usually one at a time, and the body is probably more successful at responding to only one antigen and producing immunity without adverse effects, rather than responding to a complex of antigens. Therefore, rather than giving a group of antigens together at three to four week intervals, individual components should be given using an alternating schedule with a minimum of repetition. (Cf. below)

Thirdly, only immunize for diseases which meet all of the following criteria:

- 1. The disease is serious, even life threatening.
- 2. The animal is or will be exposed to the disease.
- 3. The vaccine for the disease is known to be effective.
- 4. The vaccine for the disease is considered safe.

Aside from the above considerations, vaccines commonly contain materials other than the organism to which immunity is desired. These materials may be added as preservatives, adjuvants (materials to stimulate immune response, usually added to non-infectious [killed] vaccines), or antibiotics. Preservatives and adjuvants include such toxins and carcinogens as aluminum (alum), mercury (thimersol), and

VACCINATIONS

formaldehyde.

The recommended schedules (age to vaccinate) are from Dr. Schultz, with a few changes as follows: He supports the use of combination vaccines and I strongly do not. He thus recommends in cats to combine Panleukopenia (FPL), Calicivirus (FC), and Rhinotracheitis (FVR) in one schedule; I have recommended to use FVR-FC intranasal vaccine only if needed, and separately from FPL. In dogs he would combine Distemper (CD), Parvo (CPV), and Hepatitis, and possibly Corona and Parainfluenza. I would recommend CD and CPV only, and not combined.

I generally support the use of killed (non-infectious) vaccines, as I feel they have less likelihood for long term damage, but Dr. Schultz presents a strong case for the use of modified live vaccines (MLV) as repetition can be necessary with non-infectious vaccines. With MLV, one dose can have high efficacy. This primarily applies to DC and CPV as non-infectious [killed] Rabies and FP are as effective as MLV. Dr. Schultz' one dose-95% (one dose of vaccine at a given age will successfully immunize 95% of animals) suggestions are as follows.

Canine Distemper (MLV) 10-12 weeks

Canine Parvovirus (MLV) 12-14 weeks



Currently, many veterinarians are reconsidering vaccination protocols for puppies **and** annual booster shots. Many now state that puppies should receive a total of 3 vaccinations, spaced 3 to 4 weeks apart. The last "shot" should be somewhere between 16 and 20 weeks of age. A one year booster at 12 to 16 months of age is recommended. After this one year booster, **future boosters can be given every two to three years.**

Advice emerging from the U.S. is to re-vaccinate three-yearly, but only if there is a disease risk in the area, or if titer tests show it to be necessary, not in geriatric/unhealthy animals. ([Vaccines and Your Dog](#))

Delay vaccinating if your dog is stressed or unwell, also avoid vaccinating bitches during heat cycle or pregnancy. Do not start puppy vaccine till at least 8 weeks (unless using nosodes) Vaccinate for one disease at a time, that is, avoid combination vaccines and if possible, avoid modified live virus vaccines - use killed virus vaccines if available. ([Vaccines and Your Dog](#))

"Homeopathic veterinarians and other holistic practitioners have maintained for some time that vaccinations do more harm than they provide benefits. Vaccinations represent a major assault on the body's immune system." [Dr. Charles E Loops DVM](#)

REACTIONS

The Canine Health Concern vaccine survey shows that animals can react to vaccines at any age. They might be vaccinated for many years, without ill-effect, then suffer an adverse reaction. ([Vaccines and Your Dog](#))

Vaccinations may even contribute to premature death in animals whose immune systems were already compromised, some veterinarians believe. "I had two situations where we had spent a long time building up two older, severely immunocompromised dogs, and then their owners had them vaccinated for just about everything known to man," recalled Dr. Carvel Tiekert, executive director and founder of the American Holistic Veterinary Medical Association headquartered in Bel Air, Maryland. "Both of those dogs died within about a month of vaccination. Can we prove a cause and effect? No. Do I think there was a cause and effect? Yes." ([Vaccinations & your pets](#))

TO VACCINATE OR NOT TO VACCINATE

Some holistic veterinarians do not feel animals need any vaccinations at all, including nosodes ([Christina Chambreau, DVM](#)) Others advocate the use of nosodes only. ([Charles E Loops DVM](#)) Still others feel that initial puppy/kitten vaccinations are needed plus an annual booster at 12 to 16 months, but no additional vaccinations after this one booster. ([critterfixer](#))

CAN MY ANIMALS REALLY BE SAFE AND HEALTHY AND NOT VACCINATED?

YES! Wendy and Jack Volhard studied kennels in Germany, many with lines of German Shepherds that we have here in the States. These 200+ dogs are given a distemper vaccine and a Parvovirus vaccine only, at age 10 weeks and 1 year. No other vaccines are given except occasionally rabies, when needed. Their diet varies from home-prepared to commercial. These dogs are having litters and showing at 10 years of age, and live to 16 or so. ([Christina Chambreau, DVM](#))

RABIES

Rabies is the only vaccination that is MANDATED by law. Some areas (counties/states) have made laws requiring YEARLY vaccinations. This is **over vaccination** and repeated doses do not offer improved immunity to rabies. ALL rabies vaccines are 3 year vaccines, whether they are given yearly or not. (A puppy's first rabies vaccination is a 3 year vaccine even though the puppy will be required to have a booster in one year). Giving rabies every 3 years may be more than any dog requires, but it is still better than every year. Contact your state and local legislators and give them information on how rabies is not needed yearly and may in fact be killing your pet! And remember, separate rabies from other vaccines or worming by 3 to 4 weeks. ([Dr Jean Dodds](#)) Also do not worm and

vaccinate together, preferably 2 to 3 weeks apart. ([Linda Aronson DVM](#))

"The vaccines, particularly rabies, are a political and economic scam being forced upon pet owners because they do not know the truth. Rabies, nationwide, is nowhere near the problem the veterinarians, media, politicians and bureaucrats would like you to believe." [THE BIG SCAM--RABIES VACCINATION](#) By Dr. John Fudens, D.V.M. This article explains how rabies mandates are "colorable law", meaning they are passed by Administrative agencies/bureaucrats and not based on Constitutional or Common Law that this country was founded on.

TITERS

Antibody titers are a measure of how recently your dog has been exposed to a pathogen. A low titer does not necessarily mean that your dog could not mount an adequate response, but could mean that your dog has not been challenged recently. Dr. Susan Thorpe-Vargas PhD (Immunology)



[W. Jean Dodds revised vaccination schedule:](#)

4/2000

NOTE: This schedule is the one I recommend and should NOT be interpreted to mean that other protocols recommended by a veterinarian would be less satisfactory. It's a matter of professional judgment and choice.

For breeds or families of dogs susceptible to or effected with immune dysfunction, immune-mediated disease, immune-reactions associated with vaccinations, or autoimmune endocrine disease (e.g., thyroiditis, Addison's or Cushing's disease, diabetes, etc.), the following protocol is recommended:

Age of Pups	Vaccine Type
9 weeks	MLV Distemper/Parvovirus only (e.g. Intervet Progard Puppy)
12 weeks	MLV Distemper/Parvovirus only (e.g. Intervet Progard Puppy)
16-20 weeks	MLV Distemper/Parvovirus only (e.g. Intervet Progard Puppy) (Total of 3 doses ONLY first 3)

- 24 weeks or older 24 weeks or older, if allowable by law Killed Rabies Vaccine
- 1 year MLV Distemper/Parvovirus only booster
- 1 year give 3-4 weeks apart from Dist/Parvo booster) Killed 3 year rabies vaccine

MLV=modified-live virus

After 1 year, annually measure serum antibody titers against specific canine infectious agents such as distemper and parvovirus. This is especially recommended for animals previously experiencing adverse vaccine reactions or breeds at higher risk for such reactions (**e.g., Weimaraner, Akita, American Eskimo, Great Dane**). Another alternative to booster vaccinations is homeopathic nosodes. This option is considered an unconventional treatment that has not been scientifically proven to be efficacious. One controlled parvovirus nosode study did not adequately protect puppies under challenged conditions. However, data from Europe and clinical experience in North America support its use. If veterinarians choose to use homeopathic nosodes, their clients should be provided with an appropriate disclaimer and written informed consent should be obtained.

I use only killed 3 year rabies vaccine for adults and give it separated from other vaccines by 3-4 weeks. In some states, they may be able to give titer test result in lieu of booster.

I do NOT use Bordetella, corona virus, leptospirosis or Lyme vaccines unless these diseases are endemic in the local area or specific kennel. Furthermore, the currently licensed leptospira bacterins do not contain the serovars causing the majority of clinical leptospirosis today.

Do NOT recommend vaccinating bitches during estrus, pregnancy or lactation. Do not vaccinate during times of stress such as: surgery, travel, illness or infection.

For info on nosodes, see [Alternatives To Vaccination](#) links at bottom of page

[THE RECOMMENDATIONS OF DR BOB ROGERS
AND CRITTER FIXER PET HOSPITAL](#)

Vaccination Schedule Recommendations For Dogs					
Vaccine	Initial	>12 Weeks	1st Annual	Re-Administration Interval	Comments
				3 yr. vaccine given annually as required by	

Rabies (killed)	16 weeks	initial vaccination at 4 months	1 year later	law in Texas. (follow your state/provincial requirements)	Over 100 rabid skunks & rabid bats in Texas every year.
Distemper (MLV)	8 weeks 12 weeks 16 weeks	2 doses 3-4 weeks apart	Yes. Will provide lifetime immunity.	None needed. Duration of immunity 7.5 / 15 years by studies. Probably lifetime. Longer studies pending.	Can have numerous side effects if given too young (< 8 weeks).
Parvovirus (MLV)	8 weeks 12 weeks 16 weeks	2 doses 3-4 weeks apart	Yes. Will provide lifetime immunity.	None needed. Duration of immunity 7.5 years by studies. Probably lifetime. Longer studies pending.	At 6 weeks of age, only 30% of puppies are protected but 100% are exposed to the virus at the vet clinic.
Boretella (Intranasal) (killed)	Recommended 3 days prior to boarding, grooming & dog shows. Protects against 2 of the possible 8 causes of kennel cough. Duration of immunity 6 months.				
Vaccines Not Recommended For Dogs					
Distemper & Parvo @ 6 weeks or younger	Not recommended. At this age, maternal antibodies from the mother's milk (colostrum) will neutralize the vaccine and only 30% for puppies will be protected. 100% will be exposed to the virus at the vet clinic.				
Corona	Not recommended. 1.) Disease only affects dogs <6 weeks of age. 2.) Rare disease: TAMU has seen only one case in seven years. 3.) Mild self-limiting disease. 4.) Efficacy of the vaccine is questionable.				
Leptospirosis	Not recommended 1.) There are an average of 12 cases reported annually in Texas 2.) Side effects common. 3.) Most commonly used vaccine contains the wrong serovars. (There is no cross-protection of serovars) There is a new vaccine with 2 new serovars. Two vaccinations twice per year would be required for protection.) 4.) Risk outweighs benefits.				
Lyme	Not recommended 1.) Low risk in Texas 2.) 85% of cases are in 9 New England states and Wisconsin. 3.) Poor efficacy of vaccine 4.) Possible side effects of polyarthritis				
Giardia	Not recommended Efficacy of vaccine unsubstantiated by independent studies				

Also see [Colorado State University's Small Animal Vaccination Protocol](#)



Safe and effective alternative to vaccines for your animals: NOSODES

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1. Puppies under three months of age should not be vaccinated.
2. Kittens should only be vaccinated for Panleukopenia and not before three months of age.
3. Puppies and kittens can be given homeopathic nosodes beginning at three weeks of age
4. Booster vaccinations are completely unnecessary.
7. My personal recommendation is NOT to vaccinate at all

From [If You Vaccinate](#) by Dr. Donna Starita Mehan

As a veterinary homeopath, I do not recommend routine vaccination for dogs or cats, except for rabies in healthy dogs. If, for whatever reason, you decide that you must vaccinate your pet, I would make the following recommendations:

Never vaccinate an animal with symptoms of acute or chronic health problems, or at the time of surgery or any other physical or emotional stress.

Vaccinate for one disease at a time that is, avoid multivalent (combination) vaccines. For cats, vaccinate for feline panleukopenia alone. The vaccines for the two upper respiratory viruses (calicivirus and rhinotracheitis) can be given together. For dogs, give parvo separately from distemper. Do not vaccinate for leptospirosis, hepatitis, or parainfluenza. Never give the rabies vaccine at the same time as any other

vaccine.

Avoid modified live virus vaccines whenever possible. Get killed virus vaccines, especially for rabies, canine parvo virus, and feline panleukopenia. (The canine distemper/hepatitis vaccine is not available in a killed virus form).

For middle aged dogs and cats, vaccinate every 2-3 years, instead of yearly.

After vaccination, give a dose of Thuja 30c. Wait one week, then give a dose of Sulfur 6x once daily for 7 days.



Here is what the **FIRST INTERNATIONAL VETERINARY VACCINES AND DIAGNOSTICS CONFERENCE**, held in Madison, WI, in July, 1997 had to say:

Unofficial Recommendations:

- *Vaccinate puppies and kittens against the clinically important infectious agents such as distemper virus, parvovirus, panleukopenia and rabies.
- *Avoid vaccinations before six weeks of age. Give two to four doses of vaccine spaced two to four weeks apart.
- *Give annual booster vaccine at one year of age. Thereafter give boosters every three years, unless required more often by law.
- *Monitor serum antibody levels annually between boosters. (tjd: This means that your dog or cat should have a blood test done to measure the level of "immune memory" to a disease.)
- *Geriatric animals generally do not need booster vaccinations. Monitor serum antibody titers instead. ([Vaccinations!](#))



Killed Versus Modified Live Vaccines

In her paper, 'Vaccine Safety and Efficacy Revisited', Ms Dodds also states, "The increasing frequency of immune-mediated diseases over the past decade could well be attributed to the repetitious use of polyvalent MLV vaccines (multiple live virus vaccines). They can trigger autoimmune disorders, especially of blood cells (platelets, red blood cell), bone marrow failure and immunosuppression."

[\(Vaccinate-Pros and Cons\)](#)

Most single and combination canine vaccines available today are of MLV origin. This is based primarily on economic reasons and the belief that they produce more sustained protection. A long-standing question remains, however, concerning the comparative safety and efficacy of MLV versus killed (inactivated) virus vaccines. A recent examination of the risks posed by MLV vaccines concluded that they are intrinsically more hazardous than inactivated products. The residual virulence and environmental contamination resulting from the shedding of vaccine virus is a serious concern. More importantly, the ability of new infective agents to develop and spread poses a threat to both wild and domestic animal populations. The controversy in weighing the risks and benefits of MLV versus killed vaccines is building. Vaccine manufacturers seek to achieve minimal virulence (infectivity) while retaining maximal immunogenicity (protection). This desired balance may be relatively easy to achieve in clinically normal, healthy animals but may be problematic for those with even minor immunologic deficit. The stress associated with weaning, transportation, surgery, subclinical illness, and a new home can also compromise immune function. Furthermore, the common viral infections of dogs cause significant immunosuppression. Dogs harboring latent viral infections may not be able to withstand the additional immunological challenge induced by MLV vaccines. The increase in vaccine-associated distemper and parvovirus diseases are but two examples of this potential. So -- why are we causing disease by weakening the immune system with frequent use of combination vaccine products? After all vaccines are intended to protect against disease. It is well-recognized by experts in the field that a properly constituted killed vaccine is always preferable to one of MLV origin. Killed vaccines do not replicate in the vaccinated animal, do not carry the risk of residual virulence and do not shed attenuated viruses into the environment. On the other hand, MLV vaccines are capable of stimulating a more sustained protective response. So what does the future hold here? Veterinarians, scientists, breeders and owners need to voice their concern and discontent with the present industrial vaccine practices. We need to urge manufacturers to seek alternatives. Even if killed vaccines are proven to be somewhat less efficacious (produce lower levels or less sustained protection) than MLV products, they are more safe. All killed vaccines on the market today have passed current efficacy and safety standards in order to be licensed for use by the USDA. The issue is to what extent being more effective elicits a benefit rather than a risk. The future will evolve new approaches to vaccination including sub-unit vaccines, recombinant vaccines using DNA technology, and killed products with new adjuvants to boost and prolong protection. These are not simple solutions to a problem, however, because early data from recombinant vaccines against some human and mouse viruses have shown potentially dangerous side-effects by damaging T-lymphocytes. Contributing factors were shown to be the genetic background of the host, the time or dose of infection, and the makeup of the vaccine. We are obviously still a long way from producing a new generation of improved and safe vaccines. In the meantime, we need to return to using killed products whenever they are available and should consider giving them more often (twice yearly rather than annually) for high-risk exposure situations. Vaccines, while necessary and generally safe and efficacious, can be harmful or ineffective in selected situations. ([The Immune System and Disease Resistance](#))

**SCHEDULE FOR IMMUNIZATION WITH NOSODES**

by

Dr Charles E Loops DVM

FOR PUPPIES 3 WKS TO 6 WKS

[Begin or give nosodes on same day of each week]

A dose of nosode is 4-6 drops of the nosode on the tongue.

WEEK ONE - Give 30C Parvo Nosode once [twice] daily for 2 days
 WEEK TWO - Give 30C Parvo Nosode once daily for 5 days
 WEEK THREE - Give 200C Parvo Nosode once
 WEEK FOUR - Give 30C Distemper Nosode [twice] daily for 2 days
 WEEK FIVE - Give 30C Distemper Nosode once
 WEEK SIX - Give 200C Distemper Nosode once
 WEEK SEVEN - Wait
 WEEK EIGHT - Give 200C Parvo Nosode once
 WEEK NINE - Wait
 WEEK TEN - Give 200C Distemper Nosode once
 WEEK FOURTEEN - Give 1M Parvo Nosode
 WEEK EIGHTEEN - Give 1M Distemper Nosode

REPEAT THE 1M DOSES EVERY 4 MONTHS WITH ONE MONTH IN BETWEEN THE PARVO AND DISTEMPER NOSODES.
 AFTER SEVERAL REPETITIONS THE SCHEDULE CAN BE STOPPED AT ONE TO TWO YEARS OF AGE DEPENDING ON
 THE POTENTIAL EXPOSURE.

For nosode kennel cough protection, give the 200C nosode once daily for two days, follow with one dose two weeks later. Wait until 6 months of age to begin. Repeat every 3-6 months depending on potential for exposure.

For nosode Heartworm protection, give the 200C nosode once daily for two days, follow with one dose two weeks later. Repeat once dose every 6 weeks.



After taking the time to put down this information with regard to vaccinations, I feel I should "fess up" and tell you how I vaccinate my Samoyeds. In a nutshell, the more I learn the fewer vaccinations I give. Click here for "[what I do](#)".



VACCINATION LINKS



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