PRESCRIPTION FORM *I. B. Good, DVM* #1, Cutting Edge Rd. FixemAll, TX 11111 (012) 345-6789

Date Issued	Date Expires
Client Information Name: Address:	Animals
City/State/Zip: Phone/Fax: E-mail:	_
I prescribe the following items to be used according to label instructions: Product	Size Maximum Quantity
(AMDUCA). All items in less than case quantities listed in this section require individual labeling but must have a copy of this completed pre- prescribed extralabel use. Treatment protocols expire every 90 days. Co for appropriate record keeping purposes.	(ELDU) under provisions of the Animal Medicinal Drug Use Clarification Act must be individually labeled. Items in this section shipped in case quantities do not scription form or a current prescribed treatment protocol with instructions for each pies of all invoices related to the items prescribed will be forwarded directly to me
Product Size	Maximum Quantity
Cautionary Statement Directions for Use	Withdrawal Time
Product Size Cautionary Statement	Maximum Quantity Withdrawal Time
Directions for Use	
Cautionary Statement	Maximum Quantity Withdrawal Time
Directions for Use	

Owner / Agent Signature

I agree to use the listed drugs according to label or the instructions for extra-label use as prescribed by the prescribing veterinarian.

I. B. Good, DVM		
License #	State	
Expiration Date		