

Veterinary Prescription

Please supply to: Owner Full Name:				For the treatment of: Animal Name:			
			Breed:				
			Gende	r:			
Order Number:		Age:					
Date:			CPH No: (Farm Clients)				
To be completed by properties: Item Product Name	escribing vete	erinary surgeon only* Product Strength/Pack Siz	re Qua	antity	Dose and Special Instructions		
1							
2							
3							
Item	1	2			3		
Repeat Prescription	Yes/No	Yes/No			Yes/No		
No. of Repeats							
Interval between Repeats							
Quantity in each Repeat							
Prescription expiry date							
Total quantity to dispense							
Further Information							
Veterinary Surgeon's	V	Veterinary Practice Details*					
Name (print):	F	Practice Name:					
Qualification:	F	Practice Address/Stamp:					
Tel:							
Email:							
Signature:		I	Date:				

This is a prescription template for your vet to complete and sign - please note that most vets will have their own prescription forms which we can also accept. Once you have a complete prescription please send it to us via email: info@petprescription.co.uk, fax: 01225439444 or post: Pet Prescription Ltd, PO BOX 171 Bristol, BS31 9EG

For animal treatment ONLY. For treatment of animal(s) under my care