



# petprescription

Tel# 1-866-462-4007 Fax# 1-866-462-3907 Email: orders@petsdrugmart.ca

## Veterinary Prescription

**Please supply to:**

Owner Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Order Number: \_\_\_\_\_

Date: \_\_\_\_\_

**For the treatment of:**

Animal Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

CPH No (Farm Clients): \_\_\_\_\_

**Products**

| Item | Product Name | Product Strength / Pack Size | Quantity | Dose and Special Instructions |
|------|--------------|------------------------------|----------|-------------------------------|
| 1    | _____        | _____                        | _____    | _____                         |
| 2    | _____        | _____                        | _____    | _____                         |
| 3    | _____        | _____                        | _____    | _____                         |
| 4    | _____        | _____                        | _____    | _____                         |
| 5    | _____        | _____                        | _____    | _____                         |
| 6    | _____        | _____                        | _____    | _____                         |

| Item                              | 1        | 2        | 3        | 4        | 5        | 6        |
|-----------------------------------|----------|----------|----------|----------|----------|----------|
| <b>Repeat Prescription</b>        | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| <b>No. of Repeats</b>             | _____    | _____    | _____    | _____    | _____    | _____    |
| <b>Prescription expiry date</b>   | _____    | _____    | _____    | _____    | _____    | _____    |
| <b>Total quantity to dispense</b> | _____    | _____    | _____    | _____    | _____    | _____    |
| <b>Further Information</b>        | _____    | _____    | _____    | _____    | _____    | _____    |

**Veterinary's Details\*:**

Name (print): \_\_\_\_\_

License #: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Veterinary Practice Details\*:**

Practice Name: \_\_\_\_\_

Practice Address / Stamp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_