



# petprescription

**Tel:** 1-866-462-4007 **Fax:** 1-866-462-3907 **email:** orders@petsdrugmart.ca

**Please supply to:**

Owner's full name: \_\_\_\_\_

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

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

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

**For the treatment of:**

Pet's name: \_\_\_\_\_

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

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

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

DOB (or Age) & Weight: \_\_\_\_\_

**Rx:**

Drug & Strength	Sig:	Mitte:	Refills:

**Notes & any further instructions from Veterinarian:**

**Veterinarian:**

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

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

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

**Practice details (Please print or stamp):**

Practice name: \_\_\_\_\_

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

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

The **petsdrugmart** team thanks you for completing all required fields. This will help us in processing your patient's prescription efficiently.