



Veterinary Prescription

Please supply to:

Owner Full Name:

Address:

.....

.....

Order Number:

Date:

For the treatment of:

Animal Name:

Species:

Breed:

Gender:

Age:

CPH No: (Farm Clients)

To be completed by prescribing veterinary surgeon only*

Products:

Item	Product Name	Product Strength/Pack Size	Quantity	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 Details*

Name (print):

Qualification:

Tel:

Fax:

Email:

Signature: Date:

Veterinary Practice Details*

Practice Name:

Practice Address/Stamp:

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