

MyVetsOnline

Veterinary Prescription

Client Details

Client Name _____

Client Address _____

(Inc. Postcode) _____

Client Telephone No _____

Order Number (from our website) _____

Animal Details

Name _____

Breed _____

Weight. _____ (please indicate if estimate!)

Medicine Details

Brand Name _____ Strength _____ Formulation _____

Quantity of Medicine to be supplied _____

Dosage Instructions _____

Number of Prescription Repeats _____

Prescriber Details

Name _____ Qualifications _____

Name of Practice _____

Address _____

Signature _____

Date _____

I declare that this prescription is for an animal under my care

PRESCRIPTION IS VALID FOR 6 MONTHS FROM _____

PLEASE FAX COMPLETED PRESCRIPTIONS TO 0871 2000 690

FOR OFFICE USE ONLY

Validated ___ / ___ / ___

Validated By _____ Rx Expiry ___ / ___ / ___

Telephone: 07795314208 Fax: 0871 2000 690