

Veterinary Prescription

Order Number:
(If applicable)

Animal Name:		Owner's surname & address:	
Species:			

Medication Required (To be completed by Veterinary Surgeon)

Product Name <small>(Description – Pack Size / Strength)</small>	Quantity	Additional Instalments		Dosage Instructions <small>(Please state the withdrawal period if appropriate)</small>
		No.	Initials	

Prescribing Veterinary Surgeon:

Name:	Qualifications:	
Practice Name:		
Practice Address:		
Tel No:		Fax Number:
I declare that this prescription is for animal(s) under my care and (if appropriate) is in compliance with the Cascade:		Veterinary Stamp Here
Signature:		
Date:		

INSTRUCTIONS:

- 1 - Ask your vet to complete the details above.
- 2 - Place your order and enter your order number at the top of the prescription.
- 3 - Post to the address given below. Your medicine will be dispatched to you when the prescription is received.

Animal Medicines, Units 3-6, Frogmore Industrial Estate, Acton Lane, Park Royal, London, NW10 7NQ, UK
T: 0843 3305 572 F: 0870 921 2233 | www.animalmedicines.co.uk | E: contact@animalmedicines.co.uk