

Veterinary Prescription

Order Number:
(If applicable)

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

Medication Required (To be completed by Veterinary Surgeon)

| Product Name (Description – Pack Size / Strength) | Quantity | Additional Instalments | | Dosage Instructions (Please state the withdrawal period if appropriate) |
|--|----------|------------------------|----------|--|
| | | No. | Initials | |
| | | | | |
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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, Unit 21 A, Macmerry Industrial Estate, Macmerry, East Lothian, EH33 1RD, UK.
T: 01875 824 297 F: 01875 824 749 | www.animalmedicines.co.uk | E: pharmacy@animalmedicines.co.uk

Registered address Animal Medicines, Unit 21 A, Macmerry Industrial Estate, Macmerry, East Lothian, EH33 1RD.
Co. No. SC233708. Registered Pharmacy No 1093187