

Veterinary Prescription

Order No: _____

Animal Name:		Owner's Surname & Address:	
Species:			

Medication Required (to be completed by Veterinary Surgeon)

Product Name (Description – Pack Size/ Strength)	Quantity	Additional State Number Repeats in box N/A if single	Repeats of Additional and initial or prescription.	Dosage Instructions (please state the withdrawal period if appropriate)
		No.	Initials	

Prescribing Veterinary Surgeon:

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

Instructions:

1. Ask your vet to complete the details above.(In Blue Ink)
2. Place your order and enter your order number at the top of the prescription
3. Post to the address given below. Your medication will be dispatched when the prescription has been received.

VetmedsDirect - Unit 19 - Macmerry Industrial Estate - Macmerry - East Lothian - EH33 1RD - UK

Tel: 0845-519-1093. Fax: 01875-616-016.

www.Vetmedsdirect.co.uk contact@vetmedsdirect.co.uk