Veterinary Prescription

Section 1 - To Be Completed By Prescribing Veterinarian

CLIENT DETAILS

Client's Name:

Client's Address:

PATIENT DETAILS

Patient's Name:

Patient's Species & Breed:

VET CLINIC'S DETAILS

Hospital Name:

Hospital Address:

Hospital Phone:

Item 1

Medication Name:

Strength:

Quantity:

Repeats:

Directions:

Item 2 *(strike through if not required)*

Medication Name:

Strength:

Quantity:

Repeats:

Directions:

Item 3 *(strike through if not required)*

Medication Name:

Strength:

Quantity:

Repeats:

Directions:

Cautionary Statement:
(e.g. "For Animal Treatment Only")

Veterinarian's Name & Registration Number:

Signature:

Date:

Section 2 - Office Use Only

Prescriber Verified ......   No Prescription Errors ......   Date Dispensed ....