

Veterinary Prescription

Order No: _____
(if you have one)

Owner's Name: _____

Pet Name: _____

Owner's Address: _____

Species: _____

Age: _____

Postcode: _____

Telephone No: _____

Product Name, Strength & Formulation	Quantity to be supplied	Dosage Instructions

**FOR ANIMAL TREATMENT ONLY
KEEP OUT OF REACH OF CHILDREN**

Repeats allowed? Yes / No (Please circle)
If Yes, please indicate the number in words and sign below.

Repeats in numbers

Repeats in words

Vet's Signature

Prescribing Veterinary Surgeons Details:

Name: _____

Qualifications: _____

Practice Name: _____

Fax No: _____

Address: _____

Tel No: _____

I declare that this prescription is for the animal(s) under my care and (if appropriate) is in compliance with the Cascade.

Signature: _____

Date: _____

Practice Stamp

INSTRUCTIONS:

- 1) Ask your vet to complete your details above
- 2) Place you order online—www.vetimed.co.uk
- 3) Post to the address below or scan & email to prescriptions@vetimed.co.uk
- 4) Your medicines will be dispatched upon receipt of your prescription

**Vetimed (Prescription), Unit 27, Mills Way Business Centre, Amesbury. SP4 7AU
Tel: 01980 654810 Email: prescriptions@vetimed.co.uk**