

# Veterinary Prescription

Order No: \_\_\_\_\_

(if you have one)

Owner's Name: \_\_\_\_\_

Animal ID: \_\_\_\_\_

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: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### INSTRUCTIONS:

- 1) Ask your vet to complete your details above
- 2) Place your order – [www.vetimed.co.uk](http://www.vetimed.co.uk)
- 3) Post to the address below or scan & email to [info@vetimed.co.uk](mailto:info@vetimed.co.uk)
- 4) Your medications will be dispatched upon receipt of your prescription

### Practice Stamp

(or RCVS number if not practice based)