



Veterinary Prescription

*To be completed by a qualified veterinary surgeon.
It is a criminal offence to fraudulently create or amend.*

Details	
Practice Name and Address: (Including postcode)	
Telephone number:	
Animals Name or ID:	Species
Owners name and address: (Including postcode)	
Address where animal kept (if different from above)	

Medication	Quantity	
		Dose: Repeats: Yes/ No How many?
		Dose: Repeats: Yes/ No How many?
		Dose: Repeats: Yes/ No How many?
Additional information: (duration of treatment / contraindications / warnings / withdrawal period)		

Approvals: This prescription is issued for an animal in my care.		
Printed name:	Signature:	Qualification
Date of issue:	Date of expiry (if different)	

This prescription is valid for 6 months from the date of issue of or until the date of expiry whichever is the shorter.
A written prescription for a Controlled Drug in Schedule 2, 3 and 4 is valid for 28 days only.
This medication has been prescribed under the cascade system. YES NO (Please circle)