

Veterinary Prescription

To be 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:					
relephone number.					
Animals Name or ID:				Species	
				- Species	
Owners name and address:					
(Including postcode)					
Address where animal kept					
(if different from above)					
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Medication	Quan	tity			
Medication	Quan	tity	Dose:		
Medication	Quant	tity	Dose: Repeats: Yes/ No	How many?	
Medication	Quan	tity		How many?	
Medication	Quan	tity	Repeats: Yes/ No	How many?	
Medication	Quan	tity	Repeats: Yes/ No Dose:	<u>`</u>	
Medication	Quant	tity	Repeats: Yes/ No Dose: Repeats: Yes/ No	<u>`</u>	
Medication Additional information: (duration			Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No	How many?	
			Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No	How many?	
			Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No	How many?	
Additional information: (duration	of trea	tment / co	Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No entraindications / warning	How many?	
Additional information: (duration Approvals: This prescription is issu	of trea	tment / co	Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No ontraindications / warning my care.	How many? How many? (s / withdrawal period	
Additional information: (duration	of trea	tment / co	Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No ontraindications / warning my care.	How many?	
Additional information: (duration Approvals: This prescription is issu	of trea	tment / co	Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No ontraindications / warning my care.	How many? How many? (s / withdrawal period	
Additional information: (duration Approvals: This prescription is issue Printed name:	of trea	tment / co n animal in Signature	Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No Intraindications / warning my care.	How many? How many? (s / withdrawal period	
Additional information: (duration Approvals: This prescription is issu	of trea	tment / co n animal in Signature	Repeats: Yes/ No Dose: Repeats: Yes/ No Dose: Repeats: Yes/ No ontraindications / warning my care.	How many? How many? (s / withdrawal period	

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)