

Veterinary Prescription



Name of animal:

Species: ORDER NUMBER:

Owners Surname: Contact no.

Product Name / Description	Qty	Dosage Instructions (to be completed by VET)

To be completed by Veterinary Surgeon only

This prescription may be repeated times.

Prescribing Veterinary Surgeon

Name: Qualifications:

Name of Practice:

Address:

..... Post Code:

Tel No. Fax No.

I declare that this prescription is for the animal stated above currently under my care:

Signature: **Date:**

practice stamp

This prescription is not valid without being stamped

Return information: Please post this original form with a copy of your order to:
Pet Dispensary, PO Box 227, Dewsbury WF12 9WJ
On receipt your product(s) will be dispatched to you.