



Veterinary Prescription

(not for human use)

Owners Name: _____

Address: _____

Postcode: _____

Email: _____

Phone: _____

Pets Name: _____

Species: _____

Breed: _____

D.O.B/Age: _____

Sex: _____

Weight: _____

The following is to be completed by your veterinarian

| Product name & strength | Quantity in words & figures | Dosage Instructions |
|-------------------------|-----------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Repeats allowed? YES / NO (please circle as appropriate)

Number of repeats (words & figures)

Vets signature

Name of prescribing veterinarian

Qualifications

Name & address of practice (stamp may be used)

Postcode

Phone

I declare that this prescription is for animal(s) under my care, and has been prescribed under the cascade (if applicable)

Veterinarians signature

Date

If your vet wishes to use their own prescription stationery you may return that to us instead.

Once this form has been completed by your veterinarian please send to:

Vetmedsplus

PO Box 4725

Henley-on-Thames

Oxon RG9 9BE

Alternatively you can email it to: info@vetmedsplus.co.uk or fax it to 01491 577844