

Veterinary Prescription. Valid for Animal-Medication-Direct.co.uk

Please complete this section in BLOCK capitals

Order Reference <small>(if applicable)</small>
Owner's Name
Owner's Address
Animal Name
Animal Species

Once all sections are complete please post to:

Animal-Medication-Direct
58 Elmton Road
Creswell
Worksop
Nottinghamshire.
S80 4JE

Medication Required

To be completed by the veterinary surgeon

Product name <small>(size / strength)</small>	Quantity <small>Words and figures if controlled drug</small>	Dosage Instructions <small>Please state withdrawal period if appropriate</small>	No. of repeats

Prescriber Details

To be completed by the veterinary surgeon

Name	Qualifications
Practice name	
Address	
Tel. Number	Fax.
<p>I declare that this prescription is for animal(s) under my care. If appropriate this prescription is in compliance with the Cascade.</p> <p>Signature:</p> <p>Date:</p>	<p>Practice stamp</p>