

# PET AND COMPANION ANIMAL Prescription Form

## PET PARENT

Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## PET

Species: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Gender: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Other Medications: \_\_\_\_\_  
Herbal or OTC Medications: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Dispenser: \_\_\_\_\_  
Information Received By: \_\_\_\_\_  
Verbal Authorization Given By: \_\_\_\_\_

## VETERINARIAN

Veterinarian (Print): \_\_\_\_\_  
Veterinarian (Sign): \_\_\_\_\_  
Veterinarian License #: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## PRESCRIPTION

Product: \_\_\_\_\_  
Strength: \_\_\_\_\_ Size: \_\_\_\_\_  
Quantity: \_\_\_\_\_ # of Refills: \_\_\_\_\_  
Directions for Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dispense As Written\* (DAW)

## PRESCRIPTION

Product: \_\_\_\_\_  
Strength: \_\_\_\_\_ Size: \_\_\_\_\_  
Quantity: \_\_\_\_\_ # of Refills: \_\_\_\_\_  
Directions for Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dispense As Written\* (DAW)

## PRESCRIPTION

Product: \_\_\_\_\_  
Strength: \_\_\_\_\_ Size: \_\_\_\_\_  
Quantity: \_\_\_\_\_ # of Refills: \_\_\_\_\_  
Directions for Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dispense As Written\* (DAW)



**Please Note:** Pharmacies are regulated by state and federal laws and are allowed only to obtain prescriptions from your veterinarian via fax, mail, phone or in person. Your veterinarian can also provide you with the original completed prescription, which you can then submit to us via mail or in person.

\*Unless specifically refused by client or veterinarian, pharmacies have the option to substitute the generic equivalent on prescriptions, if available. If you do not want it filled with a generic product, please mark the DAW checkbox indicated for that prescription.