



Prescription Form

Date: _____

Client

Client _____
 Address _____
 City _____ County _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

Veterinarian

Veterinarian (Print) _____
 Veterinarian (Sign) _____
 Veterinarian License # _____
 Clinic _____
 Address _____
 City _____ County _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

Product _____

Yes, generic substitution is acceptable.

Strength _____ Size _____

Quantity _____ # of Refills _____

Species & Animal ID or Group _____

Directions for Use* _____

- Milk Withhold _____ Hours Meat Withhold _____ Days
 Test Milk Before Marketing Test Urine Before Marketing Animal

Product _____

Yes, generic substitution is acceptable.

Strength _____ Size _____

Quantity _____ # of Refills _____

Species & Animal ID or Group _____

Directions for Use* _____

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*If no directions for use are provided, the directions will be "according to manufacturer's label instructions." If additional information or directions are necessary, please attach.