

Veterinary Prescription

Order no

Owner's Name: _____

Owners' Address: _____

Postcode: _____ Telephone No: _____

Address at which the animal is kept if different to the above: _____

_____ Postcode: _____

Animal Name: _____ **Species:** _____

Name of Drug: _____

Formulation*: _____

Strength: _____ Amount (in words) _____ Amount (in figures) _____

Dosage: _____ Administration: _____

Duration of treatment: _____

No. of times this medication can be repeated** (in words): _____ (in figures): _____

Warnings: _____

Withdrawal period: _____ Prescribed under the cascade? YES No

(if not licensed in this species)

*Details of exact formulation required.

**Not applicable for controlled drugs.

FOR ANIMAL TREATMENT ONLY - KEEP OUT OF REACH OF CHILDREN

FOR AN ANIMAL UNDER MY CARE

Prescribing Veterinary Surgeon

Name: _____ Qualifications: _____ RCVS No. _____

Practice Name: _____

Practice Address: _____

Tel No: _____ Fax No. _____

Vet's Signature: _____ Date: _____

INSTRUCTIONS

1. Ask your vet to complete the details above - ALL fields on the form are required to be completed
2. Place your order online - www.animeddirect.co.uk
3. Enter your Animed Direct order number at the top of the prescription.
4. Post or fax to the details below or email to prescriptions@animeddirect.co.uk.
5. Your medicine will be dispatched upon receipt of your prescription.

Veterinary Practice
stamp here

It is an offence for anyone to present a prescription that has not been issued by a veterinary surgeon or to alter a prescription without the authority of the prescribing veterinary surgeon. Any suspected cases of fraud or unlawful alteration of a prescription will be referred to the appropriate enforcement body.

W www.animeddirect.co.uk **E** support@animeddirect.co.uk **T** 0330 0536100 **F** 01379 770107