



Prescription Request Form

Please complete and fax back to (800) 878-4557

Our mutual client, listed below, has placed an order with us for their pet's medication. Please complete the information below and fax this Rx confirmation from us within 24 hours so we may process the order in a timely manner. Thank you.

CLIENT INFORMATION

Order Number: _____ Pet Name: _____

Owner's Name: _____ Species: _____

Address: _____

Sex: **M** **F** Age: _____ Weight: _____

Current Meds: _____

Phone: _____ Allergies: _____

VETERINARIAN APPROVAL

<p>Medication/Dosage:</p> <p>_____</p> <p>_____</p> <p>➔ Refills: 0 1 2 3 4 5 PRN</p> <p>➔ Instructions: _____</p> <p>_____</p> <p>➔ Diagnosis: _____</p> <p>_____</p>	<p>Medication/Dosage:</p> <p>_____</p> <p>_____</p> <p>➔ Refills: 0 1 2 3 4 5 PRN</p> <p>➔ Instructions: _____</p> <p>_____</p> <p>➔ Diagnosis: _____</p> <p>_____</p>
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Phone: _____ Fax: _____ Hospital Name: _____

➔ Veterinarian Name: _____

➔ Signature: _____ ➔ Date: _____ ➔ License #: _____

If there is a medical condition in the processing of this request, please indicate below so we may inform the pet's owner of the delay and the reason of the delay in processing their medication request. Thank you.

Reason for Decline: _____