## pet drugs online<sup>+</sup>

## **Veterinary Prescription**

To be be completed by a qualified veterinary surgeon. It is a criminal offence to fraudulently create or amend.

Details	
Practice Name and Address: (Including postcode)	
Telephone number:	
Animals Name or ID:	Species
Owners name and address: (Including postcode)	
Address where animal kept (if different from above)	

Medication	Quantity			
		Dose:		
		Repeats: Yes/ No	How many?	
		Dose:		
		Repeats: Yes/ No	How many?	
		Dose:		
		Repeats: Yes/ No	How many?	
Additional information: (duration of treatment / contraindications / warnings / withdrawal period				

Approvals: This prescription is issued for an animal in my care.				
Printed name:	Signature:	Qualification		
Date of issue:	Date of expiry (if different)			

This prescription is valid for 6 months from the date of issue of or until the date of expiry whichever is the shorter. A written prescription for a Controlled Drug in Schedule 2, 3 and 4 is valid for 28 days only. This medication has been prescribed under the cascade system. YES NO (Please circle)