



Veterinary Prescription

Owner Name:	Species:
Animal Name / ID:	Breed:
Address:	Age:
	Order No:
	Tel no:
	Fax no:

Medications (to be completed by prescribing veterinarian only)				
Product Name	Product Strength / Pack Size	Quantity	Dosage Instructions	Repeats
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5
				1 / 2 / 3 / 4 / 5

Prescribing Veterinarian	
Name and Qualifications:	
Practice:	Practice Stamp:
Address:	
Postcode:	Tel no:
	Fax no:

I declare that the animal named above is under my care and the medications prescribed are for this animal.

Signature: _____ Date: _____

Please Post the prescription to
Vetmedsonline, cnr Maypole & Barbrook Ln, Tiptree, CO5 0EJ
 Your medication will then be dispatched; your vet may use their own prescription