**Veterinary Prescription**

### Please supply to:
- **Owner Full Name:** 
- **Address:** 
- **Order Number:** 
- **Date:** 

### For the treatment of:
- **Animal Name:** 
- **Species:** 
- **Breed:** 
- **Gender:** 
- **Age:** 
- **CPH No: (Farm Clients):** 

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**To be completed by prescribing veterinary surgeon only**

### Products:

<table>
<thead>
<tr>
<th>Item</th>
<th>Product Name</th>
<th>Product Strength/Pack Size</th>
<th>Quantity</th>
<th>Dose and Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Item: 1, 2, 3

- **Repeat Prescription:** Yes/No
- **No. of Repeats:** 
- **Interval between Repeats:** 
- **Quantity in each Repeat:** 
- **Prescription expiry date:** 
- **Total quantity to dispense:** 
- **Further Information:** 

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### Veterinary Surgeon’s Details*
- **Name (print):** 
- **Qualification:** 
- **Tel:** 
- **Fax:** 
- **Email:** 

### Veterinary Practice Details*
- **Practice Name:** 
- **Practice Address/Stamp:** 

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*For animal treatment ONLY. For treatment of animal(s) under my care*

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This is a prescription template for your vet to complete and sign - please note that most vets will have their own prescription forms which we can also accept. Once you have a complete prescription please send it to us via email: info@petprescription.co.uk, fax: 01225439444 or post: Pet Prescription Ltd, PO BOX 171 Bristol, BS31 9EG