

VETERINARY PRESCRIPTION

Section 1 - To Be Completed By Prescribing Veterinarian

CLIENT DETAILS

Client's Name:

Client's Address:

PATIENT DETAILS

Patient's Name:

Patient's Species
& Breed:

VET CLINIC'S DETAILS

(please stamp in the space provided)

Item 1

Medication Name:

Strength:

Quantity:

Repeats:

Directions:

Item 2 *(strike through if not required)*

Medication Name:

Strength:

Quantity:

Repeats:

Directions:

Item 3 *(strike through if not required)*

Medication Name:

Strength:

Quantity:

Repeats:

Directions:

Cautionary Statement:

(e.g. "For Animal Treatment Only")

Veterinarian's Name &
Registration Number:

Signature:

Date:

Section 2 - Office Use Only

Prescriber Verified

No Prescription Errors

Date Dispensed