



PRESCRIPTION FORM

PRACTICE NAME			
PRACTICE ADDRESS (INCLUDING POSTCODE)		TELEPHONE	
ANIMAL'S NAME OR ID		SPECIES	
OWNER'S NAME			
OWNER'S ADDRESS (INCLUDING POSTCODE)		PREMISES WHERE ANIMALS ARE KEPT (IF DIFFERENT)	

THIS PRESCRIPTION IS FOR **SINGLE-USE ONLY** / **REPEATS**. DETAILS OF CONTRA-INDICATIONS CAN BE OBTAINED FROM THE DISPENSER. THE PHARMACIST/AUTHORISED DISPENSER SHOULD RETAIN THIS SCRIPT FOR FIVE YEARS AGAINST FUTURE AUDIT.

PRINT NAME, STRENGTH AND FORMULATION OF MEDICINE	
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It is important to note that under current legislation Schedules 3 and 4 of the Veterinary Medicines Regulations 2005 must be followed. Substitution of a different medication for a named authorised licensed veterinary medication may be illegal. This practice accepts no responsibility for the safety, withdrawal periods or efficacy of any substituted medications nor any liability for any losses howsoever sustained. All such liabilities rest exclusively with the pharmacist/authorised dispenser. Veterinary surgeons will use their knowledge to decide on the best medication for the patient. They will consider the patient's condition, any drug interactions and any other existing disease. They will also make detailed notes in the patient's clinical records. Finally they will write the prescription.

TOTAL QUANTITY TO BE SUPPLIED		ROUTE OF ADMINISTRATION	
AMOUNT TO BE ADMINISTERED ON EACH OCCASION			
FREQUENCY OF ADMINISTRATION		DURATION OF TREATMENT	
SPECIAL INSTRUCTIONS			

For Animal Treatment Only – Keep out of the Reach of Children

THIS PRESCRIPTION IS FOR ANIMAL(S) UNDER MY CARE	
PRINT NAME AND QUALIFICATIONS:	

THIS PRESCRIPTION IS VALID FOR SIX MONTHS FROM THE DATE SIGNED – OR UNTIL THE DATE BELOW (WHICHEVER IS THE SHORTER).
EXPIRY:



REF:

DATE:

SIGNED:..... SIGNED