

Practice Name	
Address (Inc Postcode)	
Tel. No.	

Animal Name		Species	
Sex		Age / DOB	

Owner Name	
Address (Inc Postcode)	

Name of Medicine	
Formulation and strength	
Total quantity	
Dose / frequency of administration	
Special Instructions	For animal treatment only. Keep out of reach of Children

Prescribed for animals under my care.

Prescribed in accordance with the medicines cascade rules.

Veterinary Surgeons Name	
Signature	
Date	

This prescription for single use/ can be repeated 1 - 2 - 3 times (*delete*)

Valid until.....(date) or for 6 months from date of signature, or for 28 days in the case of a controlled drug