

# VETERINARY PRESCRIPTION

## Section 1 – To be Completed by Prescribing Veterinarian

Client Details	Patient Details	Vet Clinic Details
Client Name:	Patient Name:	<i>(Please stamp in the space provided)</i>
Client Address:	Patient Species:	
	Patient Breed:	
	Patient Weight:	

<b>Item 1</b>	
Medication Name:	Strength:
Quantity:	Repeats:
Directions:	

<b>Item 2</b> <i>(strike through if not required)</i>	
Medication Name:	Strength:
Quantity:	Repeats:
Directions:	

<b>Item 3</b> <i>(strike through if not required)</i>	
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 .....