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| PRACTICE NAME | | |
| PRACTICE ADDRESS | | |
| TELEPHONE | | E MAIL |
| ANIMAL'S NAME | | |
| OWNER'S NAME | | |
| OWNER'S ADDRESS | | |

THIS PRESCRIPTION IS FOR **SINGLE-USE ONLY – NOT TO BE REPEATED**. ITEMS IDENTIFIED ON THIS PRESCRIPTION ARE SUBJECT TO VAT. THE PHARMACIST/AUTHORISED DISPENSER SHOULD RETAIN THIS SCRIPT FOR TWO YEARS AGAINST FUTURE AUDIT.

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| NAME, STRENGTH AND FORMULATION OF MEDICINE | | | |
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It is important to note that 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. The Veterinary Practice accepts no responsibility for the safety, withdrawal periods or efficacy of any substituted medications nor any liability for any losses howsoever sustained by the use of such products and all liabilities associated with these products rests exclusively with the pharmacist/authorised dispenser.

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| TOTAL QUANTITY OF MEDICINE TO BE SUPPLIED | | ROUTE OF ADMINISTRATION | |
| AMOUNT TO BE ADMINISTERED ON EACH OCCASION | | | |
| FREQUENCY OF ADMINISTRATION | | DURATION OF TREATMENT | |
| SPECIAL INSTRUCTIONS | Product must be labelled with: For Animal Treatment Only – Keep out of the Reach of Children | | |

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| NAME OF VETERINARY SURGEON SIGNING THIS PRESCRIPTION | |
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**I CONFIRM THAT THE ANIMAL IDENTIFIED ON THIS PRESCRIPTION IS UNDER MY CARE
THIS PRESCRIPTION IS VALID FOR ONE CALENDAR MONTH FROM THE DATE SHOWN BELOW**



DATE: