

Veterinary prescription

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

THIS PRESCRIPTION IS TO BE REPEATEDTIMES (**ENTER A NUMBER**). ITEMS IDENTIFIED ON THIS PRESCRIPTION ARE SUBJECT TO VAT. THE PHARMACIST/AUTHORISED DISPENSER SHOULD RETAIN THIS SCRIPT FOR TWO YEARS AGAINST FUTURE AUDIT.

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 signatory 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.

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		

NAME OF VETERINARY SURGEON SIGNING THIS PRESCRIPTION	
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I CONFIRM THAT THE ANIMAL IDENTIFIED ON THIS PRESCRIPTION IS UNDER MY CARE

I HEREBY CERTIFY THAT THIS PRESCRIPTION IS VALID FOR.....FROM THE DATE SHOWN BELOW

SIGNED.....M/FRCVS

DATE: