

Owner Details	Animal Details
Title:	Pet Name:
First Name:	Species:
Last Name:	Breed:
Address:	Age:
.....	
.....	
.....	
Tel:	
Fax:	

Once *all* of this form has been completed, please send to:

Animal Drugs Online,
Berkeley Heath,
Berkeley,
S.Glos.
GL13 9EW

*Please note your order **will not** be dispatched until we have received the **correct** prescription*

Prescribed Medicines			
Product Name	Quantity	Dosage Instructions	Number of Repeats <small>(Please circle or delete as appropriate)</small>
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5

To be completed by the **prescribing** Veterinary Surgeon

Title:

First Name: Qualifications:

Last Name:

Practice Stamp:

Tel:

Fax:

I declare that the animal named above is under my care & the drugs above are prescribed for this animal:

Signature: _____ *Date:* _____