

**Veterinary Doctor’s Prescription Sample**

|  |  |  |  |
| --- | --- | --- | --- |
| PRACTICE NAME |  | | |
| PRACTICE ADDRESS  (inc postcode) |  | TELEPHONE |  |
| ANIMAL’S NAME OR ID |  | SPECIES |  |
| OWNER’S NAME |  | | |
| OWNER’S ADDRESS (inc  postcode) |  | | |

Medication 1: (if your pet needs more than two medications please print this form again)

|  |  |  |  |
| --- | --- | --- | --- |
| PRINT NAME, STRENGTH AND FORMULATION OF MEDICINE |  | | |
| TOTAL QUANTITY TO BE SUPPLIED |  | ROUTE OF ADMINISTRATION |  |
| AMOUNT TO BE ADMINISTERED ON EACH OCCASION |  | | |
| FREQUENCY OF ADMINISTRATION |  | DURATION OF TREATMENT |  |
| SPECIAL INSTRUCTIONS |  | | |

Medication 2: (if your pet needs more than two medications please print this form again)

|  |  |  |  |
| --- | --- | --- | --- |
| PRINT NAME, STRENGTH AND FORMULATION OF MEDICINE |  | | |
| TOTAL QUANTITY TO BE SUPPLIED |  | ROUTE OF ADMINISTRATION |  |
| AMOUNT TO BE ADMINISTERED ON  EACH OCCASION |  | | |
| FREQUENCY OF ADMINISTRATION |  | DURATION OF TREATMENT |  |
| SPECIAL INSTRUCTIONS |  | | |

**This prescription can be repeated:** [

(number)

]

time(s) [

]

(repeat in words)

This prescription is valid for six months from the date signed – or until the expiry date written below (whichever is the shorter) and only up to the quantity of medication specified. Revisit / check-up intervals CANNOT be altered because you opt for a prescription, such decisions must be based on medical grounds only.

Practice Stamp:

|  |  |
| --- | --- |
| THIS PRESCRIPTION IS FOR ANIMAL(S) UNDER MY CARE | |
| NAME |  |
| QUALIFICATION |  |
| SIGNED |  |
| DATED OF ISSUE |  |
| EXPIRY DATE (max 6 mths) |  |

**If during a consultation your vet recommends the use of any POM-V medication, you are entitled to a written prescription instead should you wish. A single“reasonable fee” can be charged by your vet for a prescription which can contain multiple items.**

**For Animal Treatment Only – Keep out of the reach of Children**