



# Veterinary Prescription

Patient Details	
Animal's Name	
Species	
Owner's Name	
Owner's Address (inc Postcode)	
Telephone No:	

Name, Strength & Formulation of Medicine (s)	Quantity to be supplied	Dosage Instructions

Number of Authorised Repeats: 0 1 2 3 4 5

For Animal Treatment Only - Keep Out Of Reach Of Children  
 This Prescription Is For An Animal Under My Care

Prescribing Veterinary Surgeon's Details:	
Print name & Qualifications:	Address/Practice Stamp:   Post Code: Phone Number:
Signature:	
Date	

**Please Post/Fax this forms, once completed by your vet, along with your order details printed after the online checkout, to Wern Veterinary Surgery, Greenfield Road, Ruthin, Denbighshire, LL15 1EY or Fax No:01824705279**