

PRESCRIPTION FORM

DATE: _____

VETERINARIAN

CLIENT

VET NAME: _____
LICENCE#: _____
CLINIC: _____
ADDRESS: _____
PHONE: _____ FAX: _____

SIGN _____

CLIENT: _____
ADDRESS: _____
PHONE: _____ FAX: _____

PRODUCT/SIZE _____
- _____
DIN _____ QUANTITY _____
SPECIES _____ ANIMAL/GROUP ID _____
DIRECTIONS FOR USE As per label _____
- _____
- _____
WARNINGS _____
MEAT WITHDRAWAL _____ MILK WITHDRAWAL _____

PRODUCT/SIZE _____
- _____
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Your veterinarian may submit the prescription by:

FAX 403-328-7260

PHONE 1-877-588-9494

