## PRESCRIPTION FORM DATE: **VETERINARIAN CLIENT** VET NAME: CLIENT: LICENCE#:\_ ADDRESS:\_\_ CLINIC:\_\_ PHONE:\_\_\_\_\_\_ FAX:\_\_\_\_\_ ADDRESS:\_\_\_\_\_ PHONE:\_\_\_\_\_\_ FAX:\_\_\_\_\_ SIGN\_ PRODUCT/SIZE PRODUCT/SIZE \_\_\_\_\_ QUANTITY \_\_\_\_\_ DIN \_\_\_\_\_ QUANTITY \_\_\_\_\_ \_\_\_\_\_ ANIMAL/GROUP ID \_\_\_ \_\_\_\_\_ ANIMAL/GROUP ID \_\_\_\_ DIRECTIONS FOR USE ☐ As per label \_\_\_\_ DIRECTIONS FOR USE As per label \_\_\_\_\_ WARNINGS WARNINGS MEAT WITHDRAWAL\_\_\_\_\_ MILK WITHDRAWAL\_\_\_ MEAT WITHDRAWAL\_\_\_\_\_ MILK WITHDRAWAL\_\_\_ PRODUCT/SIZE\_\_\_\_ PRODUCT/SIZE\_\_\_\_ DIN \_\_\_\_\_\_ QUANTITY \_\_\_\_\_ DIN \_\_\_\_\_\_ QUANTITY \_\_\_\_\_ SPECIES\_\_\_\_\_ ANIMAL/GROUP ID \_\_\_\_\_ SPECIES\_\_\_\_\_ ANIMAL/GROUP ID \_\_\_\_\_ DIRECTIONS FOR USE ☐ As per label \_\_\_\_\_ DIRECTIONS FOR USE ☐ As per label \_\_\_\_\_\_

Your veterinarian may submit the prescription by:

MEAT WITHDRAWAL\_\_\_\_\_ MILK WITHDRAWAL\_\_\_

FAX 403-328-7260

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PHONE 1-877-588-9494

MEAT WITHDRAWAL\_\_\_\_\_ MILK WITHDRAWAL\_\_\_



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