

*Date: _____

*Owner/Client Name: _____

Ranch Name (if applicable): _____

*Physical Address: _____

Shipping Address (if different): _____

Owner Telephone: _____

Rx

M-K KIT

*Total Kits: _____ (alpha-numerical value required by Law, i.e.#1 AND (one))

Each M-K kit contains the following:

#1, 10ml vial containing:

Medetomidine HCl 5mg/ml (50mg total) & Ketamine HCl 150mg/ml (1,500mg total)

#1, 10ml vial Atipamezole 25mg/ml (250mg total)

Sig: For veterinary sedation and reversal of sedation in _____ (Species⁺).

Use according to dosing directions.

REFILLS: _____

** up to 5 (five) refills valid for up to 6 (six) months*

*Prescribing Veterinarian: _____

*DEA License Number: _____

*Veterinarian Address: _____

*Veterinarian Telephone: _____

*Veterinarian Signature: _____

**Denotes required field to be a valid prescription per State/Federal law (failure to complete fully will result in delay)
+DEA requires one species as a minimum to qualify as patient specific (some states require one specific animal & date of birth)
For ALL Controlled Substances: Fax a copy of the Veterinarian's current Federal "Practitioner" DEA certificate for pharmacy files
NY State law requires prescribers to use Official NY State Prescription Paper - **Do Not Use This Form***