



PRESCRIPTION FORM

*Date:	
*Animal/Species ⁺ :	
*Owner/Customer/Researcher:	
*Physical Address:	
Shipping Address (if different) :	
Customer Phone:	

*Drug Name, Strength & Volume:	
*Quantity: # of vials <i>Law requires Quantity be written alpha-numerically: i.e. #1 (one)</i>	
*Directions for Use:	
Refills:	

*Prescribing Veterinarian Name:	
*Veterinarian Address:	
*Telephone Number:	
*DEA License Number: <i>(for Controlled Substances)</i>	

* Veterinarian Signature: _____

**Denotes required field to be a valid prescription per State/Federal law (failure to complete will result in delay)*
+DEA requires species as a minimum to qualify as patient specific (some states require one specific animal and 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***