



# PRESCRIPTION FORM

<b>*Date:</b>	
<b>*Animal/Species<sup>†</sup>:</b>	
<b>*Owner/Customer/Researcher:</b>	
<b>*Physical Address:</b>	
<b>Shipping Address (if different):</b>	
<b>Customer Phone:</b>	

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

<b>*Prescribing Veterinarian Name:</b>	
<b>*Veterinarian Address:</b>	
<b>*Telephone Number:</b>	
<b>*DEA License Number:</b> <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***