

Doolittle's Dispensary

VETERINARY PRESCRIPTION

For Treatment Of:

Animals Name: _____

Species: _____

Breed: _____

Sex: _____

Age: _____ Weight: _____

Please Supply To:

Owners Full Name: _____

Address: _____

Contact Number: _____

Date: _____ Order Number: _____

To be completed only by a Veterinary Surgeon:

<i>Item</i>	<i>Product Name</i>	<i>Product Strength / Pack Size</i>	<i>Quantity</i>	<i>Dose and Special Instructions</i>	<i>Repeat*</i>
1					
2					
3					

* Repeat. Enter the number of occasions that this prescription can be repeated.

* Expiry Date of Prescription: _____

Veterinary Surgeon Details:

Name (Print): _____

Qualifications: _____

Signature: _____

Date: _____

*For animal treatment only.

*For animals under my care.

Veterinary Practice Details:

Practice Name: _____

Practice Address/Stamp: _____

Telephone Number: _____

Once your vet has completed this prescription, you can either fax the prescription to 0871 5283281 or email a scanned copy of the prescription to sales@doolittlesdispensary.com, before sending the original prescription to: Doolittle's Dispensary, 28 Hawthorne Avenue, Swansea SA2 0LR. This prescription is only valid for Doolittle's Dispensary.