

# Veterinary prescription

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address at which the animal is kept, if different to the above: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name, strength & formulation of medicine(s)	Quantity	Dosage instructions
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Repeat instructions: \_\_\_\_\_

- This treatment is prescribed under the cascade (tick if applicable)
- This prescription is for animal(s) under my care (tick if applicable)
- This controlled drug is prescribed for animal(s) under my care (tick if applicable)

## All labels on products to display the following:

For animal treatment only. Keep out of reach and sight of children.

Details of the prescribing veterinary surgeon:	
Print name: _____  Qualifications: _____  Signature: _____  Date: _____	Address, phone number & stamp from veterinary practice:

\*\*\* Please note: It is an offence to alter a written prescription after issue, or to use the prescription to obtain more medicines than prescribed. \*\*\*

Send the completed prescription to: HealthExpress, 106 Lower Addiscombe Road, Croydon, CR0 6AD