



PRESCRIPTION FORM

*Date:	
*Animal/Species [†] :	
*Owner/Customer/Researcher:	
Owner Date of Birth if Owner is Individual [†] :	
*Physical Address:	
Shipping Address (if different):	
*Rationale for the need for a Compounded product	
Ship to Clinic? (Administered in Clinic)	
Customer Phone:	

*Drug Name, Strength & Volume:	
*Quantity: # of vials	
*Directions for Use:	
Refills:	

*Prescribing Veterinarian Name:	
*Veterinarian Address:	
*Telephone Number:	
*DEA License Number:	
(for Controlled Substances)	

*** 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 OWNER 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

With respect to compounded drugs ordered and shipped to Florida, by requesting any compounded drug for Office Use from this pharmacy, when Florida Rule 64B16-27.700 applies, the practitioner hereby agrees to the following;

1. That the Practitioner shall include on the patient's chart, medication order, or medication administration record the lot number and the beyond-use-date of any compounded drug administered to the patient that was provided by this pharmacy; and
2. That the Practitioner will provide notification to the patient for the reporting of any adverse reaction or complaint in order to facilitate any recall of batches of compounded drugs.