



VETERINARY PRESCRIPTION

eVet ORDER NUMBER: _____

It is a criminal offence to fraudulently create or amend a veterinary prescription. Any unauthorised alterations invalidate the prescription.

PATIENT DETAILS

Animal's Name: _____ Species: _____

Owner's Name: _____

Owners Address: _____

Yard Address: _____

Name, Strength & Formulation of Medicine	Quantity	Dosage Instructions
		Dose: Repeats: Yes/No How many?
		Dose: Repeats: Yes/No How many?
		Dose: Repeats: Yes/No How many?
Additional Information e.g. Duration of treatment, contraindications, warnings, withdrawal period		
For Animal Treatment Only – keep out of reach children This prescription is for an animal under my care. Tick if products prescribed under the cascade <input type="checkbox"/>		This prescription is valid for 6 months from the date of signing or date of expiry, whichever is shorter.

PRESCRIBING VETERINARY SURGEONS DETAILS

Name & Qualifications: _____

SQP Registration Number (if applicable): _____

Telephone Number: _____

Signature: _____

Date: _____

Written Address or Practice Stamp:

Please send this form completed to eVetDrug Ltd by one of the following methods:

Email: prescription@evet.co.uk

Post: eVetDrug Ltd, Blueberry Farm, Kingscroft Lane, Warfield, Berkshire, RG42 6JL