



Date

Practice Name   
& Address

Owners Name & Address

Patient Name

Patient Species & Weight (kg)

Drug Name, Strength & Form

Total Drug To Be Supplied

Special Instructions (frequency,  
route of administration)

Signature

Print Name & Qualifications

**The medicine is to be used under the rules of the prescribing cascade  
For animal treatment only ▪ Keep out of reach and sight of children**