



Veterinary Prescription for use at [www.VetUK.co.uk](http://www.VetUK.co.uk)

PRACTICE NAME			
PRACTICE ADDRESS (inc postcode)		TELEPHONE	
ANIMAL'S NAME OR ID		SPECIES	
OWNER'S NAME			
OWNER'S ADDRESS (inc postcode)			

Medication 1: (if your pet needs more than two medications please print this form again)

PRINT NAME, STRENGTH AND FORMULATION OF MEDICINE			
TOTAL QUANTITY TO BE SUPPLIED		ROUTE OF ADMINISTRATION	
AMOUNT TO BE ADMINISTERED ON EACH OCCASION			
FREQUENCY OF ADMINISTRATION		DURATION OF TREATMENT	
SPECIAL INSTRUCTIONS			

Medication 2: (if your pet needs more than two medications please print this form again)

PRINT NAME, STRENGTH AND FORMULATION OF MEDICINE			
TOTAL QUANTITY TO BE SUPPLIED		ROUTE OF ADMINISTRATION	
AMOUNT TO BE ADMINISTERED ON EACH OCCASION			
FREQUENCY OF ADMINISTRATION		DURATION OF TREATMENT	
SPECIAL INSTRUCTIONS			

<b>This prescription can be repeated:</b> [       ] time(s) [       ] (number) (repeat in words)
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This prescription is valid for six months from the date signed – or until the expiry date written below (whichever is the shorter) and only up to the quantity of medication specified. Revisit / check-up intervals CANNOT be altered because you opt for a prescription, such decisions must be based on medical grounds only.

THIS PRESCRIPTION IS FOR ANIMAL(S) UNDER MY CARE	
NAME	
QUALIFICATION	
SIGNED	
DATED OF ISSUE	
EXPIRY DATE (max 6 mths)	

Practice Stamp:

**If during a consultation your vet recommends the use of any POM-V medication, you are entitled to a written prescription instead should you wish. A single "reasonable fee" can be charged by your vet for a prescription which can contain multiple items.**

**For Animal Treatment Only – Keep out of the reach of Children**