



**VETERINARY PHARMACY
PRESCRIPTION ORDER FORM**

Please fax completed form to (859) 406-1200 or return to the pharmacy

Date: _____

Client/ Owner Name: _____

Client Phone Number: _____

Medication	Strength	Quantity	Animal	Species	Directions	Refills

This section MUST be filled out entirely by a licensed veterinarian

Veterinarian Name: _____

License Number: _____ State: _____ Expiration Date: _____

Address: _____

City _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Veterinarian Signature: _____