ROOD RIDDLE
VETERINARY PHARMACY

COMPOUND OR PRESCRIPTION ORDER FORM

Please fax completed form to (859) 406-1200

Date: _____

Client or Owner Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Credit Card Number: _____**Expiration Date:** _____

Shipping Method: □ **Ground** □ **Second Day Air** □ **Overnight**

Qty	Medication Name	Strength	Size	Name of Animal	Species of Animal	# of Refills

Veterinarian Name: _____

License # _____**State:** _____ **Date of Expiration:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Mobile Phone:** _____

Veterinarian Signature: _____