

Veterinary Prescription

Order Number:
(If applicable)

Animal Name:		Owner's surname & address:	
Species:			

Medication Required (To be completed by Veterinary Surgeon)

Product Name <small>(Description – Pack Size / Strength)</small>	Quantity	Additional Instalments		Dosage Instructions <small>(Please state the withdrawal period if appropriate)</small>
		No.	Initials	

Prescribing Veterinary Surgeon:

Name:	Qualifications:	
Practice Name:		
Practice Address:		
Tel No:	Fax Number:	
I declare that this prescription is for animal(s) under my care and (if appropriate) is in compliance with the Cascade:		Veterinary Stamp Here
Signature:		
Date:		

INSTRUCTIONS:

- 1 - Ask your vet to complete the details above.
- 2 - Place your order and enter your order number at the top of the prescription.
- 3 - Post to the address given below. Your medicine will be dispatched to you when the prescription is received.

BestPet Pharmacy, Unit 21 A, Macmerry Industrial Estate, Macmerry, East Lothian, EH33 1RD, UK.
T: 0845 053 5050 | F: 01875 824 749 | www.bestpet.co.uk | E: pharmacy@bestpet.co.uk

Registered address BestPet, Unit 21 A, Macmerry Industrial Estate, Macmerry, East Lothian, EH33 1RD.
Co. No. SC233708. Registered Pharmacy No 1093187