

VETERINARIAN

VETERINARIAN (PRINT) _____
VETERINARIAN (SIGN) _____
VETERINARIAN LICENSE # _____
CLINIC _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
FAX _____
EMAIL _____

PRESCRIPTION FORM

DATE _____



CLIENT

CLIENT _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
FAX _____
EMAIL _____

PRODUCT _____

Yes, generic substitution is acceptable.

STRENGTH _____ SIZE _____

QUANTITY _____ # OF REFILLS _____

SPECIES & ANIMAL ID OR GROUP _____

*DIRECTIONS FOR USE _____

MILK WITHHOLD _____ HOURS MEAT WITHHOLD _____ DAYS
 TEST MILK BEFORE MARKETING TEST URINE BEFORE MARKETING ANIMAL

PRODUCT _____

Yes, generic substitution is acceptable.

STRENGTH _____ SIZE _____

QUANTITY _____ # OF REFILLS _____

SPECIES & ANIMAL ID OR GROUP _____

*DIRECTIONS FOR USE _____

MILK WITHHOLD _____ HOURS MEAT WITHHOLD _____ DAYS
 TEST MILK BEFORE MARKETING TEST URINE BEFORE MARKETING ANIMAL

PRODUCT _____

Yes, generic substitution is acceptable.

STRENGTH _____ SIZE _____

QUANTITY _____ # OF REFILLS _____

SPECIES & ANIMAL ID OR GROUP _____

*DIRECTIONS FOR USE _____

MILK WITHHOLD _____ HOURS MEAT WITHHOLD _____ DAYS
 TEST MILK BEFORE MARKETING TEST URINE BEFORE MARKETING ANIMAL

PRODUCT _____

Yes, generic substitution is acceptable.

STRENGTH _____ SIZE _____

QUANTITY _____ # OF REFILLS _____

SPECIES & ANIMAL ID OR GROUP _____

*DIRECTIONS FOR USE _____

MILK WITHHOLD _____ HOURS MEAT WITHHOLD _____ DAYS
 TEST MILK BEFORE MARKETING TEST URINE BEFORE MARKETING ANIMAL

PRODUCT _____

Yes, generic substitution is acceptable.

STRENGTH _____ SIZE _____

QUANTITY _____ # OF REFILLS _____

SPECIES & ANIMAL ID OR GROUP _____

*DIRECTIONS FOR USE _____

MILK WITHHOLD _____ HOURS MEAT WITHHOLD _____ DAYS
 TEST MILK BEFORE MARKETING TEST URINE BEFORE MARKETING ANIMAL

Your veterinarian can submit your prescription in the following ways:

FAX
TOLL FREE

877/223-3783

MAIL
Stearns Vet Outlet
PO Box 190
Melrose, MN 56352

PHONE
TOLL FREE

800/996-3303

PRESCRIPTION FORMS

1. Make a copy of this prescription form, keeping the original on file for future use.
2. Download a "pdf" version of the prescription form from our web site (wedocows.com).
3. call us at 800/996-3303 to request additional forms.

* If no directions for use are provided, the directions will be "according to manufacturer's label instructions". If additional information or directions are necessary, please attach.