

Name of Animal: Owner's Full Name:

Petmeds Order Number:

Owner's First Line of Address and Post Code:

Products Required

Item Name	Quantity	Dosage Instructions	Please indicate how many repeats (maximum 5 repeats)

Prescribing Veterinary Surgeon – Please fill in the information below or use your practice stamp.**Please note that Petmeds.co.uk Guarantees to only supply UK genuine products.**

Name:	
Name of Practice:	
Address:	Postcode:
Tel Number:	Email:

**I declare that this prescription is for animal(s) under my care:
This medicinal product has been prescribed under the cascade:**

Signature:	Date:
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This prescription for a controlled drug is valid for 28 days from the signed date or for any other drug for six months from the signed date.

Or until the following date of expiry:/...../..... (whichever takes precedent)

Return Information:

Once completed, please fax this form to: 020 8181 6082

Or post to: Petmeds.co.uk, Unit 22, Angerstein Business Park, London, SE10 0RT

Or scan/email it to us at: rx@petmeds.co.uk