

Prescription Form

Pharmacy Name & Location

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Farm Business Name & Location

Premise ID (Optional): _____

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Clinic Name & Location

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Ship to Address

Farm Business Location Clinic Location Other (Specify Below)

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Species: _____ Phase of Production: _____ # to Treat: _____

Group ID: _____ Average Age: _____

Prevention/Treatment of: _____ Packaging Size: _____

Medication Name: _____ Preparation Strength: _____

Directions:

Administration Route: _____ Quantity: _____ Expiration Date: _____ # Refills: _____

Storage Instructions: _____

Cautionary
Statements:

Veterinary Signature: _____ Printed Name: _____

Date: _____

I verify that this prescription is issued under a valid VCPR
and that I have followed AMDUCA in my decision tree.