

# REQUEST FOR COMPOUNDED VETERINARY MEDICINE



compoundlabs

Complete and email to [vets@compoundlabs.co.nz](mailto:vets@compoundlabs.co.nz)  
Call (09) 442 1727 to speak to a Compounding Pharmacist

## Conditions of Supply

1. CompoundLabs is permitted to supply compounded veterinary medicines under Section 26 of the Medicines Act 1981.
2. The request for compounding must be signed by the Veterinarian.
3. CompoundLabs will supply a suggested expiry date.
4. Capsules will be supplied in white HDPE bottles, unless otherwise instructed.
5. Creams will be supplied in oral syringes, unless otherwise instructed.
6. The requesting Veterinarian is responsible for their own labelling, record keeping and reporting requirements.

*Please note: Medications will be supplied to the clinic.*

Date: \_\_\_\_\_

Clinic Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

**I hereby request CompoundLabs to compound the medicine(s) listed for animals under my care.**

<b>Medication Name and Strength</b> _____	
Quantity to be dispensed on each occasion _____	
<b>Directions:</b>	Dose (mg) and frequency _____
	Period of Supply _____
	Additional Directions (if any) _____
<b>Animal/Owner:</b>	Owner Name _____
	Address _____
	Contact number _____
	Animal Name and species _____
<b>Veterinarian Name:</b> _____	<b>Signature:</b> _____
<b>Veterinary Registration #</b> _____	
<b>Medication Name and Strength</b> _____	
Quantity to be dispensed on each occasion _____	
<b>Directions:</b>	Dose (mg) and frequency _____
	Period of Treatment _____
	Additional Directions (if any) _____
<b>Animal/Owner:</b>	Owner Name _____
	Address _____
	Contact number _____
	Animal Name and species _____
<b>Veterinarian Name:</b> _____	<b>Signature:</b> _____
<b>Veterinary Registration #</b> _____	