

AUTHORITY TO DISPENSE PRESCRIPTION MEDICATION - COMPANION ANIMAL

Owner's Details

Name: _____

Address: _____

Contact number: _____

Animal's Details

Pet Name: _____ Species & Breed: _____

Age: _____ Weight (kg): _____

Prescription

Drug 1: _____

Strength: _____

Quantity: _____

Repeats: _____

Directions: _____

Drug 2 (*strike through if not required*): _____

Strength: _____

Quantity: _____

Repeats: _____

Directions: _____

Drug 3 (*strike through if not required*): _____

Strength: _____

Quantity: _____

Repeats: _____

Directions: _____

Prescribing Veterinarian

Vet's name and registration number: _____

Vet's Signature: _____ Date: _____

Vet clinic's details (or stamp): _____