

PRESCRIPTION FORM



Date:	
Animal / Species:	
Owner/Ship To:	

Drug & Strength:	
Quantity: (i.e. # of vials)	
Directions for Use:	
Refills:	

Drug & Strength:	
Quantity: (i.e. # of vials)	
Directions for Use:	
Refills:	

Prescribing Veterinarian Name:	
Veterinarian Address:	
Telephone Number:	
DEA License Number:	

Signature: _____

For **ALL Controlled Substances**: Fax a copy of the Veterinarians current Controlled Substance Registration Certificate for the pharmacy to keep on file.

For **Etorphine & Carfentanil**: Mail Original prescription and completed DEA 222 Form

DEA 222 Forms will be returned if not filled out correctly