



Freepost RUAB-JGJS-CXYX
Dogs Trust
Clarissa Baldwin House
17 Wakley Street
London
EC1V 7RQ



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Veterinary Prescription – Dogs Trust Pharmacy



Dogs Trust Scheme Number

Dog Name:		Client's Name:	
Species:		Address:	
Breed:	Weight (kg):	Postcode:	

Medication required (To be completed by the veterinary surgeon)
CONTROLLED DRUG REQUESTS MUST BE POSTED. COMPLETE ALL SECTIONS OF PRESCRIPTION TO AVOID A DELAY

Product Name and Form	Strength	Dosage, (Amount in words and figures) and special instructions.	Quantity to be dispensed (Max 3 months supply per prescription)

FOR ANIMAL TREATMENT ONLY - KEEP OUT OF SIGHT & REACH OF CHILDREN

Practice Name:		Address:		Postcode:
Telephone:		Email:		
<p>THIS PRESCRIPTION IS FOR THE ANIMAL(S) UNDER MY CARE AND IN COMPLIANCE WITH THE VMD'S GUIDANCE AND THE CASCADE. IF A CONTROLLED DRUG IS PRESCRIBED, THIS IS IN ACCORDANCE WITH LEGAL GUIDANCE FOR ANIMAL(S) UNDER MY CARE.</p> <p>SIGNATURE:</p> <p>DATE:</p>		Practice Stamp Here:		
Vet surgeon name:				
Vet surgeon qualifications:				
RCVS number:				

It is an offence under the Veterinary Medicines Regulations 2013 for a person to alter a written prescription unless authorised to do so by the person who signed it.

Registered Charity Numbers: 227523 and SC037843

This prescription is for **SINGLE USE ONLY**.

The pharmacist / authorised dispenser should retain this for five years for the purpose of audit.

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