

# Veterinary Prescription

Order Number:  
(If applicable)

Animal Name:		Owner's surname & address:	
Species:			

## Medication Required (To be completed by Veterinary Surgeon)

Product Name <small>(Description – Pack Size / Strength)</small>	Quantity	Additional Instalments		Dosage Instructions <small>(Please state the withdrawal period if appropriate)</small>
		No.	Initials	

## Prescribing Veterinary Surgeon:

Name:	Qualifications:	
Practice Name:		
Practice Address:		
Tel No:		Fax Number:
I declare that this prescription is for animal(s) under my care and (if appropriate) is in compliance with the Cascade:		Veterinary Stamp Here
Signature:		
Date:		

### INSTRUCTIONS:

- 1 - Ask your vet to complete the details above.
- 2 - Place your order and enter your order number at the top of the prescription.
- 3 - Post to the address given below. Your medicine will be dispatched to you when the prescription is received.

BestPet Pharmacy , Unit 3-6, Frogmore Industrial Estate, Acton Lane, Park Royal, London, NW10 7NQ, UK  
T: 0845 053 5050 | F: 0870 921 2233 | [www.bestpet.co.uk](http://www.bestpet.co.uk) | E: [Info@bestpetpharmacy.co.uk](mailto:Info@bestpetpharmacy.co.uk)