

Veterinary Use ONLY

This form is for informational purposes only and is not considered a valid prescription unless signed by an authorized prescriber and faxed to Madison Medical Compounding Pharmacy. Upon receipt of the following information, one of our pharmacists will call the prescriber or clinic to verify the validity and accuracy of the information provided and document the prescription as a telephone order.

Date _____

Animal name _____

Owner name _____ Contact number _____

Owner address _____

Stable/shelter name _____ Contact number _____

Stable/shelter address _____

Allergies _____

Prescription: To be Compounded (for animal use ONLY)

Medication/Strength _____

Directions for use _____

Quantity: _____ or QS

Duration: 7 days 14 days 30 days

Refills _____

Prescriber _____ License no. _____

Office number _____

Requested by _____

Additional comments: