



Veterinary Prescription

Name of Animal: _____

Species/Age of Animal: _____

Owner's Full Name & Address: _____

Products Required – To be completed by the veterinary surgeon.

Item Name	Qty	Dosage Instructions	Repeat

Prescribing Veterinary Surgeon

Name:	Qualifications:
Name & Address of Practice:	
Tel No:	Fax No:

I declare that this prescription is for animal(s) under my care:

Signature:	Date:

Information for the customer:

Once completed, please fax this form to MyVet at:

0800 1 MYVET
(or direct fax to 07 865 7387)

Or post to: MyVet, C/- Whangamata Animal Hospital 203 Aickin Road, Whangamata