

Name of vet practice:

Address of vet practice:

.....

Telephone number of vet practice:

Date:

Client/owner name and address:

.....

.....

Telephone number of client/owner:

Postcode:

Quantity

Name of product/s

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Species of animal:

Identification:

Number of animals:

Any necessary warnings:

Withdrawal period:

Is this product to be prescribed under the Cascade? Yes/No (Circle as appropriate)

Name and address of the animal owner:
.....
.....
.....

Name of vet:

Premises at which animals are kept (if different from address of the owner or keeper):
.....
.....
.....

Signature of vet:

Date:

Qualifications:

Practice Stamp (optional):



This prescription is valid for 6 months, or as indicated by prescriber.

Control drug prescriptions valid for 28 days.