









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: Species:					Client's Name:		
					Address:		
Breed: Weig			reight (kg):			Postcode:	
Medication required (To be o	completed E POSTED.	by the veterinary surg	geor TION	n) IS OF PRESCRIPTION TO AVO	ID A DELAY	
Product Name and Form	Strength		Dosage, (Amount in words and figures) and special instructions.		words and figures)	Quantity to be dispensed (Max 3 months supply per prescription)	
FOR ANIMAL TREA	ΓΜΕΙ	NT ONI	Y - KEEP OUT	ГО	F SIGHT & REACH	OF CHILDREN	
Practice Name: Address:					Postcode:		
Telephone:					Email:		
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.					Practice Stamp Here	:	
SIGNATURE:							
DATE:							
Vet surgeon name:					I		
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.

Dogs Trust is a charity registered in England and Wales (1167663), and in Scotland (SC053144), and a company limited by guarantee registered in England and Wales (09365971)

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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