

Owner:
Pet:
Address:
Phone:

Date Written:
Species:

Drug:
Form:

Strength:

Liquid	mg/ml		
Capsule	each		
Topical		0.5 g	1g
Transdermal		mg/0.1 ml (2 clicks)	
Treat (Beef)		each	

Other:

QD	BID	TID	QID	QOD	Other:
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Flavor: Fish Chicken Sweet / Fruit No Flavor

Refills: PRN
No Refill

Directions:

Notes:

Signature: _____

Prescriber:
Clinic:
Address:

Phone:
DEA: