IT IS IMPORTANT TO NOTE CURRENT VETERINARY MEDICINES REGULATIONS, SPECIFICALLY SCHEDULES 3 & 4, MUST BE FOLLOWED IN ALL ASPECTS OF PRESCRIPTION AND SUPPLY

THIS PRESCRIPTION IS FOR SINGLE-USE ONLY UNLESS OTHERWISE CERTIFIED. ALL PRODUCTS FOR RETAIL SUPPLY ARE SUBJECT TO VAT.

THE PHARMACIST/AUTHORISED SUPPLIER SHOULD RETAIN THIS SCRIPT FOR AT LEAST FIVE YEARS AGAINST FUTURE AUDIT.

PRACTICE NAME		**TELEPHONE NUMBER**	
PRACTICE ADDRESS (INCLUDING POSTCODE)			
SPECIES		**ID OF THE ANIMAL OR GROUP OF ANIMALS**	
OWNER'S OR KEEPER'S NAME			
OWNER'S ADDRESS (INCLUDING POSTCODE)		**PREMISES WHERE ANIMALS ARE KEPT (IF DIFFERENT)**	
PRINT NAME, STRENGTH AND FORMULATIONS/ DOSAGE FORM OF MEDICINAL PRODUCT			

THIS MEDICINAL PRODUCT HAS BEEN PRESCRIBED UNDER THE CASCADE ☐ **(Please tick this box if the statement applies)**

THIS PRESCRIPTION IS FOR ANIMAL(S) UNDER MY CARE ☐ **(Please tick this box if the statement applies)**

Substitution of a different medication for the named licensed medicinal product may be an offence under the Regulations. This practice accepts no responsibility for the safety, efficacy, quality or withdrawal periods of any substituted medicinal products nor any liability for any losses howsoever sustained. All such liabilities rest exclusively with the supplier as a Registered or Suitably Qualified Person. Veterinary surgeons will use their knowledge to decide on the most appropriate medication for the patient. They will consider the patient's condition, its circumstances, any potential drug interactions and any other existing disease. They will also make detailed notes in the patient's clinical records. Finally, they will write the prescription.

TOTAL QUANTITY TO BE SUPPLIED		**AMOUNT TO BE ADMINISTERED ON EACH OCCASION**	
ROUTE OF ADMINISTRATION			
FREQUENCY OF ADMINISTRATION		**DURATION OF TREATMENT**	
SPECIAL INSTRUCTIONS & WARNINGS INCLUDING WITHDRAWAL PERIOD IF APPLICABLE	**For Animal Treatment Only – Keep out of the Reach of Children**		

THIS PRESCRIPTION FOR A CONTROLLED DRUG IS VALID FOR 28 DAYS FROM THE SIGNED DATE OR FOR ANY OTHER DRUG FOR SIX MONTHS FROM THE SIGNED DATE OR UNTIL THE FOLLOWING DATE OF EXPIRY: / / (WHICHEVER TAKES PRECEDENT)

THIS PRESCRIPTION MAY BE REPEATED [ ] TIME(S) ([ ])
NUMBER REPEAT IN WORDS

REF: ……..

DATE: ……...

SIGNED: …….. SIGNED

PRINT VETERINARY SURGEON'S NAME AND FULL QUALIFICATIONS	