

Manor Drug Co (Nottm) Ltd T/A Vet-Medic

Manor House Merlin Way Quarry Hill Road Ilkeston Derbyshire DE7 4RA



VET-MEDIC
PHARMACY

Animal's Name or I.D.			
Owners Name			
Owner's Address (including postcode)			
This prescription is valid for SINGLE USE ONLY unless otherwise certified. THIS PRESCRIPTION MAY BE REPEATED 1 2 3 4 5 <u>TIME(S)</u> (Please circle)			
Print Name, Strength and Formulation of Medicine			
Veterinary Surgery's Address And Contact Telephone Number			
Total Quantity to Be Supplied		Route of Administration	
Amount to Be Administered On Each Occasion			
Frequency Of Administration		Duration Of Treatment	
Special Instructions	FOR ANIMAL TREATMENT ONLY – KEEP OUT OF THE REACH OF CHILDREN		
This Prescription Is For The Animal(s) Under My Care And (if appropriate) Is In Compliance With The Cascade			
Print Name and Qualificatons			

This prescription is valid for SIX months from the date signed – or until the expiry below (whichever is the shorter)
 EXPIRY :

DATE:

Signed: