



Village Pharmacy

Fax: (704) 731-0196

Prescription Request Form

Please complete and fax back to (704) 731-0196

Our mutual client, listed below, has placed a prescription order with us for their pet's medication. Please complete this form and fax this prescription confirmation to us within 24 hours so we may process the order in a timely manner. Thank you.

Customer Information

Order Number: _____ Date: _____ Owner's Name: _____

Pet(s) Name(s): _____

Address: _____

Phone Number: _____

Vet Approval

Medication/Dosage: _____

Number of Refills 0 1 2 3 4 5 6 7 8 9 PRN

Medication/Dosage: _____

Number of Refills 0 1 2 3 4 5 6 7 8 9 PRN

Medication/Dosage: _____

Number of Refills 0 1 2 3 4 5 6 7 8 9 PRN

Instructions:

Veterinarian's Phone Number: _____ Veterinarian's Fax: _____

Hospital Name and Address _____

Veterinarian's Name: _____ Veterinarian's Signature: _____

If there is a medical condition, test, examination or requirement that is delaying the processing of this request, please indicate below so we may inform the pet's owner of the reason for the delay in processing their medication request. Thank you.

Decline Reason: _____
