

## Prescription Fax Form

Valley Vet Pharmacy - 1118 Pony Express Hwy - Marysville, KS 66508 - 1-800-898-8026

**This form may be used by your Veterinarian to fax a**

**Prescription to us at: 1-800-531-2390**



In compliance with pharmacy law, we are able to accept prescriptions faxed only from a veterinarian licensed in the United States. Client may request generic or name brand medications.

Customer #: \_\_\_\_\_ Order #: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Age & Weight: \_\_\_\_\_

Species/Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Neutered/Spayed (Y or N) \_\_\_\_\_

Disease History: \_\_\_\_\_

Medicine History: \_\_\_\_\_

Herbal or OTC Medicine History: \_\_\_\_\_

Medication Prescribed: \_\_\_\_\_

Directions:

Refills: 1 2 3 4 5 PRN

Veterinarian Signature:

\_\_\_\_\_ Dispense As Written

\_\_\_\_\_ Brand Exchange Permissible

Veterinarian Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

License No: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

If you are NOT going to authorize this prescription for this client, please check this box and fax or phone us. We will then contact your client and let them know the request has been denied.