

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: _____

Phone: _____ 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.