

**Veterinary Prescription**

This Prescription is for:

Name of Animal: -----

Owner's Name: ----- Owner's address: -----

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**To be completed by Veterinary Surgeon**

Number of Repeats: 1 2 3 4 5 PRN  
(Circle as appropriate)

**Products Required**

<u>Product Name:</u> (with strength & Pack Size)	<u>Quantity</u>	<u>Dosage Instructions</u>
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**Prescribing Veterinary Surgeon**

Name: -----

Name of Practice: -----

Address: -----

City: ----- State -----

Zipcode: -----

Tel No: ----- Fax Number: -----

I declare that this prescription is for animal(s) under my care:

Signature: -----

Date: -----

Your vet may wish to issue his or her own prescription. Please fax to:  
+1.800.969.1153 (US Toll Free) or email to [vetsales@masters-uk.com](mailto:vetsales@masters-uk.com)  
Alternative Fax: 011 44 208 327 0901