



Pet owner's information (Please fill out this section, then give this form to your veterinarian)

First name: _____ Last name: _____ Phone: _____

Street: _____ City: _____ State: _____ ZIP: _____

Pet's name _____ Species (Dog, Cat, etc.): _____

Order number (if known): _____ Order date (if known): _____

If this is a refill, please include Rx Refill # from your medicine label: _____

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Prescription details (to be filled out by veterinarian)

Name of drug: _____ Strength: _____ Quantity: _____

Directions: _____

Dosage: _____ Date of issuance: _____ Number of refills authorized: _____

Phone, Fax: _____ Clinic name, Address: _____

Veterinarian name: _____ Signature: _____

To expedite processing, this form should be faxed with the prescription taped here.

Please complete top section, print out and give this form to your veterinarian to complete and fax with prescription to: **(866) 787-1185** (alternate fax number: 866-787-1177)

Alternatively, you can mail this form along with the original prescription to the following address:

**Pet's Choice Pharmacy
c/o DogCatEtc.com
714 5th Street, Fairbury, NE 68352**

THIS IS NOT AN ORDER FORM. Place your order online at: www.DogCatetc.com