

Veterinary prescription form

г	IS IMPORTANT TO NOTE CURRENT VE	TERINARY MEDICINES REGULAT	IONS,					
SPECIFICALL	Y SCHEDULE 3, MUST BE FOLLOWED I	N ALL ASPECTS OF PRESCRIPT	ON AND SUPPLY					
This prescription	is for single-use only unless otherwise c	ertified. All products for retail suppl	y are subject to VAT.					
The pharmacist/authorised supplier should retain this script for at least five years against future audit.								
Practice name		Telephone number						
Practice address including postcode)								
Species		ID of the animal or group of animals						
Owner's or keeper's name								
Dwner's address including postcode)		Premises where animals are kept (if different)						
Print name, strength and ormulations/dosage form of nedicinal product								

This medicinal product has been prescribed under the cascade

This prescription is for animal(s) under my care

(please tick this box if the statement applies)

(please tick this box if the statement applies) (please tick this box if this statement applies)

This controlled drug is prescribed for an animal or herd under my care

Substitution of a different medication for the named licensed medicinal product may be an offence under the Regulations. This practice accepts no responsibility for the safety, efficacy, quality, or withdrawal periods of any <u>substituted</u> medicinal products nor any liability for any losses howsoever sustained. All such liabilities rest exclusively with the supplier as a Registered or Suitably Qualified Person. Veterinary surgeons will use their knowledge to decide on the most appropriate medication for the patient. They will consider the patient's condition, its circumstances, any potential drug interactions and any other existing disease. They will also make detailed notes in the patient's clinical records. Finally, they will write the prescription.

Total quantity to be supplied		Amount to be administered on each occasion	
Route of administration			
Frequency of administration		Duration of treatment	
Special instructions & warnings including withdrawal period if applicable	FOR ANIMAL TREA	TMENT ONLY – KEEP OUT OF SIGHT	AND REACH OF CHILDREN

This prescription for a controlled drug is valid for 28 days from the signed date

Or for any other drug for six months from the signed date

Or until the following date of expiry (whichever takes precedent)

REF:

	THIS PRESCRIPTION MAY BE REPEATED	[Number]	time(s)	[Repeat in words]
nary Association	SIGNED:		DATE:					

Print veterinary surgeon's name and full qualifications (NB – for prescriptions for schedule 2 and 3 controlled drugs the veterinary surgeon's RCVS number must also be included)

Prescription misuse

Suspected misuse of a veterinary prescription should be reported to the Veterinary Medicines Directorate for investigation.

Misuse includes:

alteration of an existing prescription

prescription fraud

supplying same prescriptions to multiple retailers for supply
forging the signature of a vet, pharmacist or SQP

Prescription misuse reporting form https://www.vmd.defra.gov.uk/PrescriptionMisuse/PrescriptionMisuse.aspx