



Freepost RUAB-JGJS-CXYX  
Dogs Trust  
Clarissa Baldwin House  
17 Wakley Street  
London  
EC1V 7RQ



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# Veterinary Prescription – Dogs Trust Pharmacy



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Dogs Trust Scheme Number

Dog Name:		Client's Name:	
Species:		Address:	
Breed:	Weight (kg):	Postcode:	

<b>Medication required</b> (To be completed by the veterinary surgeon) CONTROLLED DRUG REQUESTS MUST BE POSTED. COMPLETE ALL SECTIONS OF PRESCRIPTION TO AVOID A DELAY			
Product Name and Form	Strength	Dosage, (Amount in words and figures) and special instructions.	Quantity to be dispensed (Max 3 months supply per prescription)

## FOR ANIMAL TREATMENT ONLY - KEEP OUT OF SIGHT & REACH OF CHILDREN

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

Practice Name:		Postcode:	
Address:			
Telephone:	Email:		
<p>THIS PRESCRIPTION IS FOR THE ANIMAL(S) UNDER MY CARE AND IN COMPLIANCE WITH THE VMD'S GUIDANCE AND THE CASCADE. IF A CONTROLLED DRUG IS PRESCRIBED, THIS IS IN ACCORDANCE WITH LEGAL GUIDANCE FOR ANIMAL(S) UNDER MY CARE.</p> <p>SIGNATURE:</p> <p>DATE:</p>		Practice Stamp Here:	

This prescription is for **SINGLE USE ONLY**.  
 The pharmacist / authorised dispenser should retain this for five years for the purpose of audit.  
 Registered Charity Numbers: 227523 and SC037843