



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



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Veterinary Prescription – Dogs Trust Pharmacy –

**Please complete EVERY box to avoid delays.
SINGLE USE ONLY – NO REPEATS –
CONTROLLED DRUG REQUESTS MUST BE POSTED**

**It is an offence under the Veterinary Medicines Regulations 2013 for a person to alter
a written prescription unless authorised to do so by the person who signed it.**



Dog Name		Weight (kg)		Species		Breed	
Client Name				Client phone number / email:			
Client Address						Postcode	
Premises where animal is kept if this is different from client address				Delivery address if different from client address			

It is important to note that under current legislation Schedules 3 and 4 of the Veterinary Medicines Regulations 2005 must be followed. Substitution of a different medication for a named authorised licensed veterinary medication may be illegal. This practice accepts no responsibility for the safety, withdrawal periods or efficacy of any substituted medications nor any liability for any losses howsoever sustained. All such liabilities rest exclusively with the pharmacist/authorised dispenser. Veterinary surgeons will use their knowledge to decide on the best medication for the patient. They will consider the patient's condition, any 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.

Product Name and Product Form	Product Strength	Dosage Regime (Amount in words and figures), Route of administration & Special Instructions.	Total Quantity to be supplied (Max 3 months supply)
		FOR ANIMAL TREATMENT ONLY - KEEP OUT OF SIGHT AND REACH OF CHILDREN	
		FOR ANIMAL TREATMENT ONLY - KEEP OUT OF SIGHT AND REACH OF CHILDREN	
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		FOR ANIMAL TREATMENT ONLY - KEEP OUT OF SIGHT AND REACH OF CHILDREN	

Practice Name:		Postcode:	
Address:			
Telephone:		Email:	
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.		Practice Stamp Here:	
Signature:			
Issue date:			
Veterinary surgeon's name:			
Veterinary surgeon's qualifications:			
RCVS number:			

This prescription for a controlled drug is valid for 28 days from the issue date or for any other drug for six months from the issue date. OR to the following date of expiry ____ / ____ / ____ (whichever takes precedent).

Tick here if this is an antibiotic veterinary medicine prescribed for prophylactic or metaphylactic purposes ☐.

The pharmacist / authorised dispenser should retain this for five years for the purpose of audit.

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