

**Record 8: SAMPLE VETERINARY PRESCRIPTION**

**Clinic:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Patient ID:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**DIN:** \_\_\_\_\_

**Instructions for use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescription expiry date:** \_\_\_\_\_

**Withdrawal recommendations:**

\_\_\_\_\_  
\_\_\_\_\_

**Milk:** \_\_\_\_\_ **Meat:** \_\_\_\_\_

**Withdrawal Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

**Veterinarian's signature:** \_\_\_\_\_