

Rx Prescription Form For Veterinarian Use only

CLIENT (please print)

Account Name _____
Customer Name _____
Farm Name _____
Customer Number _____
Address _____
Town/City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
 Use according to manufacturer's label indications
 Specific use directions _____

Warnings:
 Withhold milk for _____ hours
 Withhold meat for _____ days
 Test milk before marketing
 Test urine before marketing animal

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
 Use according to manufacturer's label indications
 Specific use directions _____

Warnings:
 Withhold milk for _____ hours
 Withhold meat for _____ days
 Test milk before marketing
 Test urine before marketing animal

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
 Use according to manufacturer's label indications
 Specific use directions _____

Warnings:
 Withhold milk for _____ hours
 Withhold meat for _____ days
 Test milk before marketing
 Test urine before marketing animal

VETERINARIAN (please print)

Name _____
License Number _____
Address _____
Town/City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Signature _____
Date _____

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
 Use according to manufacturer's label indications
 Specific use directions _____

Warnings:
 Withhold milk for _____ hours
 Withhold meat for _____ days
 Test milk before marketing
 Test urine before marketing animal

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
 Use according to manufacturer's label indications
 Specific use directions _____

Warnings:
 Withhold milk for _____ hours
 Withhold meat for _____ days
 Test milk before marketing
 Test urine before marketing animal



Veterinarians may submit orders by:



PHONE

Call our pharmacy at **800-835-7451**
(Mon-Fri 9am-6pm,
Sat 9am-12pm ET)



FAX

Fax the Prescription Form to our pharmacy at **330-830-2764**
(24/7)



MAIL

Mail the Prescription Form to **Matthews Veterinary Pharmacy**
2780 Richville Drive SE
Massillon, OH 44646

If you are NOT going to authorize this prescription for this client, please check here and fax to 330-834-2764 or call us at 800-835-7451. We will then contact the client and notify them that the request has been denied.

Make a copy of this form for your Veterinarian to fill out.