

# VETERINARY PRESCRIPTION

**This prescription is for single use only unless otherwise certified.  
All products for retail supply are subject to VAT at the current rate.**

Reference No. ....

Name of animal ..... Species ..... ID\* .....  
\*microchip or herd no. as applicable

Owner's name .....

Owner's address .....

Location of animals (if different): .....

Delivery address (if different): .....

**PRODUCTS REQUIRED**

Please note: [www.sjh-animalhealth.co.uk](http://www.sjh-animalhealth.co.uk) only supplies UK licensed products.

Item name (Name, strength & formulation/dosage form of medicinal product)	Total quantity (for supply)	Dosage instructions (dose, frequency, route of administration and duration of treatment)	Special instructions & warnings (including withdrawal period if applicable)	Prescription No. of repeats <sup>†</sup>

<sup>†</sup> Please indicate number of repeats in words - maximum number of three repeats

Default label text: **FOR ANIMAL TREATMENT ONLY. KEEP OUT OF THE REACH OF CHILDREN.  
FOR EXTERNAL USE ONLY.**

This prescription is valid for 28 days from the signed date for a controlled drug; or for six months from the signed date for any other drug; or until the following date of expiry (whichever takes precedent)

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**PRESCRIBING VETERINARY SURGEON** (complete details or use your practice stamp).

Name of Practice: .....

Address: .....

..... Postcode: .....

Tel. No.: ..... e-mail: .....

This medicinal product has been prescribed under the cascade  (please tick box if this statement applies).  
I declare that this prescription is for animal(s) under my care.

Name (PRINT)..... Signature ..... Date .....

**Once completed please post this ORIGINAL form to:** (Note: photocopies of signed prescriptions will not be accepted)

**SJH-animalhealth.co.uk, Unit 1, Mereside Industrial Park, Fenns Bank, Whitchurch Shropshire SY13 3PA**