



GlobalVetLink, L.C.

Prescription # _____

CLIENT NAME:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
e-mail _____
Premises # _____

ANIMAL LOCATION:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
e-mail _____
Premises # _____

ANIMAL INFORMATION:

Species _____ Production type/stage _____ Weight _____ Laboratory Data on File? Y N
Group/ lot ID number(s) _____
Veterinary diagnosis _____

QUANTITY	DRUG	SIZE	WITHDRAWAL TIME	MRL	# OF REFILLS
USAGE INSTRUCTIONS					GENERIC ALLOWED?
SPECIAL INSTRUCTIONS			- ROUTE OF ADMINISTRATION		
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SPECIAL INSTRUCTIONS			- ROUTE OF ADMINISTRATION		
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SPECIAL INSTRUCTIONS			- ROUTE OF ADMINISTRATION		

PRESCRIBING VETERINARIAN:

Clinic Name _____
Examining Veterinarian _____
City _____ State _____ Zip _____
Clinic Phone _____
State License # _____

PRESCRIPTION INFORMATION:

Emergency Contact _____
Contact Phone _____
Issue Date _____
Effective Date _____
Rx Expiration Date _____

FULFILLMENT AGENT:

Agent Name _____
Agent e-mail _____

I certify that I have a valid client patient relationship with this client, indicated by signature below.

LICENSED VETERINARIAN E-SIGNATURE