



Medication Refill Request

Your Name (last, first):

Phone Number:

Pet's Name:

Prescription #1

Medication Name:

Strength/Size (if known):

What dose are you giving?

Quantity:

Prescription #2

Medication Name:

Strength/Size (if known):

What dose are you giving?

Quantity:

Prescription #3

Medication Name:

Strength/Size (if known):

What dose are you giving?

Quantity:

Please allow 24 hours for us to process your request before picking up medication. We recommend calling to make sure your prescription is ready before coming to pick it up.

For long term medication an annual exam and bloodwork are required. The office will call if your pet needs either of these.