

Prescription Refill Request:

Your Name: _____

Your Pet's Name(s): _____

Telephone numbers (yours not your pet's) please note preferred number or e mail

_____ (cell)

_____ (home)

_____ (work)

E mail addresses: _____

How can we best reach you when you refill is ready? Phone/text/e mail

Name of medication or Therapeutic diet: _____

If name is not known, please describe: _____

Date of last blood test if heartworm preventive or pain, seizure or thyroid medication IF not done at our hospital: _____

How are you administering the medication or feeding the diet?: _____

Dose in tablets, cc, ml or units, cups? _____

How often/time of day? _____

How much medication or food do you have left? _____

How has your pet responded to the medication or food? _____

Do you think the medication or food need to be adjusted? _____

Do you want to speak to a technician or doctor before the refill? No/Yes

When and where would you like to speak to our technician or doctor?

Telephone/text/at office visit/e mail/other _____

Deliver prescription/food by:pick up garage pick up mail UPS FedEx Other

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