

Prescription by Fax

Customer Information

Customer Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Pet's Name: _____ Species: _____

Please indicate medical conditions, prescriptions drugs, OTC drugs being used by patient:

Rx Information

Please indicate: Generic Non-Generic

Refills: 0 1 2 3 4

5 6 PRN Other: _____

Veterinarian Information

Clinic Name: _____

Vet's Name: _____ License #: _____

Vet's Signature: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Pet Supplies 4 Less Account Representative: _____

Date: _____ Time: _____