

PRESCRIPTION DRUG VERIFICATION FORM

Sales Rep: _____

Date: _____

877-813-7387

Dear Veterinarian,

Pet's Choice Pharmacy is a Vet-VIPPS® Accredited Pharmacy and only uses FDA and EPA approved medications. Pet's Choice Pharmacy is a licensed pharmacy in your state and will be fulfilling a prescription(s) on behalf of a Pet Supplies 4 Less customer. The customer, listed below, has placed an order with us for their pet's prescription medication(s), and they have identified you as their prescribing veterinarian, and that a client-patient relationship exists. Pet's Choice Pharmacy is requesting of you, the prescribing veterinarian to please sign and return this prescription verification form within 24 hours so we may dispense your client's prescription product request.

Please sign and send via return fax toll free to 866-787-1177.

If you wish to change any of the prescription information, please do so on the form.

If you need to speak directly with our pharmacist, please call toll free 877-347-7387.

CLIENT NAME & ADDRESS

Name: _____

Address: _____

City & State: _____

Zip: _____

Telephone: _____

VETERINARIAN NAME & ADDRESS

Veterinarian Name: _____

Clinic Name: _____

Street Address: _____

City & State: _____

Zip: _____

Telephone: _____

Fax: _____

Note: One Pet per Form

Pet Name	Species	Product Name	Qty	Non Generic	# of Refills	PRN
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

Direction For Use: _____

Please indicate any known significant allergies/medical conditions: _____

DVM Signature

Veterinarian License #

License Exp. Date

Print Name

Date

Confidentiality notice: this telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.