## Companion Animal Sample Written Prescription Template

Veterinarian Name, Address	Date (dd/mm/yyyy)
Client Name, Address	
Animal ID	
Drug Name, Strength, Quantity	
Directions for Use (dose, route of administration, frequency, dura	ation)
Number of Refills Permitted (non-controlled drugs only)	
Weight of Animal (required only if dispensing veterinarian is not	the same as prescribing
veterinarian)	
Veterinarian Signature	License #