

Veterinary prescription form

| IT IS IMPORTA | ANT TO NOTE CURRENT VETERINARY MEDICINES REGULATIONS, SPECIFICALLY SCHEDULE 3, MUST BE FOLLOWED IN ALL ASPECTS OF PRESCRIPTION AND SUPPLY |
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| This prescrip | ion is for single-use only unless otherwise certified. All products for retail supply are subject to VAT. |
| The p | harmacist/authorised supplier should retain this script for at least five years against future audit. |
| Practice name | Telephone number |
| Practice address (including postcode) | |
| Species | ID of the animal or group of animals |
| Owner's or keeper's name | |
| Owner's address (including postcode) | Premises where animals are kept (if different) |
| Print name, strength and formulations/dosage form of medicinal product | |
| This medicinal product has been | prescribed under the cascade (please tick this box if the statement applies) |
| This prescription is for animal(s) | under my care (please tick this box if the statement applies) |
| | ed for an animal or herd under my care (please tick this box if this statement applies) |
| Substitution of a different medication for quality, or withdrawal periods of any <u>sub</u> or Suitably Qualified Person. | the named licensed medicinal product may be an offence under the Regulations. This practice accepts no responsibility for the safety, efficacy, stituted medicinal products nor any liability for any losses howsoever sustained. All such liabilities rest exclusively with the supplier as a Registered medicinal products nor any liability for any losses howsoever sustained. All such liabilities rest exclusively with the supplier as a Registered |
| Total quantity to be supplied | Amount to be administered on each occasion |
| Route of administration | |
| Frequency of administration | Duration of treatment |
| Special instructions & warnings including withdrawal period if applicable | FOR ANIMAL TREATMENT ONLY – KEEP OUT OF THE REACH OF CHILDREN |
| This r | prescription is valid for six months from the signed date (28 days for a controlled drug) |
| | following date of expiry (not more than six months from the signed date) |
| BVA SPINISH Veterinary Association | REF: THIS PRESCRIPTION MAY BE REPEATED [] time(s) [] Number Repeat in words |
| | SIGNED: DATE: |
| Print veterinary surgeon's name (NB – for prescriptions for schedule the veterinary surgeon's RCVS nur | 2 and 3 controlled drugs |
| 0 | Prescription misuse |

Misuse includes:

- alteration of an existing prescription prescription fraud supplying same prescriptions to multiple retailers for supply
- forging the signature of a vet, pharmacist or SQP

 $\label{prescription} \textit{Prescription misuse reporting form $\underline{$https://www.vmd.defra.gov.uk/PrescriptionMisuse/PrescriptionMisuse.aspx}$}$

Attach optional BVA label for an effective method of audit and to prevent unauthorised duplication.