

Veterinary prescription

Please print and fill the details on the prescription then send it back to us.

Owner information:

Name: _____

Address: _____

Tel: _____

Pet information:

Name: _____

Breed: _____

Prescribing veterinary surgeon:

Name: _____

Qualifications: _____

Name and address of practice: _____

Tel: _____

I declare that the above described animal(s) is/are under my care.

Sign: _____ Date: _____

Product name	Quantity	Dosage Instructions	Other notes

Number of repeats 1 2 3 4 5 please indicate and add initials here.

Once obtained prescription please attach to order confirmation document and send it back to our address below:

Barghest Trade Ltd

Unit 9

Reedspire Industrial Estate

Sleaford

NG34 8GL

Tel: 01529414402

email: info@petdorado.co.uk

web: www.petdorado.co.uk