

Rx Prescription Form

CLIENT (please print)

Account Name _____
Customer Name _____
Farm Name _____
Customer Number _____
Address _____
Town/City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

VETERINARIAN (please print)

Name _____
License Number _____
Address _____
Town/City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Signature _____
Date _____

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
 Use according to manufacturer's label indications
 Specific use directions _____

Warnings:
 Withhold milk for _____ hours
 Withhold meat for _____ days
 Test milk before marketing
 Test urine before marketing animal

Product Name _____
Size _____
Quantity _____ Number of Refills _____
Directions (check one):
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 Specific use directions _____

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PHONE



MAIL



FAX



Serving you since 1941
Dairy Health USA. HORSE HEALTH USA

Veterinarians may submit orders by:

- Calling our pharmacy at **800-835-7451** (9am-6pm Eastern Time)
- Mailing the Prescription Form to PBS Animal Health, 2780 Richville Drive SE, Massillon, OH 44646
- Faxing the Prescription Form to our pharmacy at **330-830-2764** (24/7)

Make a copy of this form for your Veterinarian to fill out.