

**Lincoln Way Animal Hospital
Prescription Form**

Prescribing doctor: _____

Pet Owner:		Date:	
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Phone:		Pet:	
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How is the animal doing (side effects)?

How are you currently giving the medication?

Other information:

Rx

Medication:

Dosage Instructions:

Quantity Requested:

Are refills permissible?

Promise Pick-Up Time:

How to use this form:

1. Sending in form without an order does not constitute an order. All prescriptions are refillable only upon veterinary approval
2. Please allow 24 hours for prescription refills