



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____
 Call When Ready Text Message When Ready Delivery Mail Out

- Alprazolam
- Aluminum Hydroxide
- Amantidine
- Amitriptyline
- Amlodipine
- Aminophylline
- Amoxicillin
- Aspirin
- Atenolol
- Azathioprine
- Azithromycin
- Benazepril
- Budesonide
- Buprenorphine
- Calcitriol
- Cephalixin
- Chloramphenicol
- Cimetidine
- Ciprofloxacin
- Cisapride
- Clindamycin

- Clomipramine
- Cyclosporine
- Cyproheptadine
- Diazepam
- Diazoxide
- Diethylstilbestrol (DES)
- Diphenhydramine
- Doxycycline
- Enalapril
- Enrofloxacin
- Famciclovir
- Famotidine
- Fludrocortisone
- Fluoxetine
- Furosemide
- Gabapentin
- Glipizide
- Griseofulvin
- Hydrocodone Bitartate
- Hydroxyzine
- Itraconazole
- Ivermectin
- Ketoconazole
- Levetiracetam

Dosage Form: Capsule Suspension
 Topical-Syringes Animal Treat
Strength: _____ **Qty:** _____
 Sig: _____

Flavors: Bacon Beef Chicken Fish Liver
 Peanut Butter Apple Banana Grape Marshmallow
 Orange Raspberry Strawberry Tutti Frutti
 Watermelon Vanilla Butternut (other flavors available)

Refills: 1 2 3 4 5 PRN

Veterinary Healthcare Provider Signature:

Print Name: _____ Agent sending: _____
 NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

