



Marshall Swine and Poultry Health Services

Dr Frank T. Marshall

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Prescription Request Form- Swine

Date:

Farm:	Producer Name:
Phone number:	Email:
Treating: (circle applicable) Piglets – Weaners – Growers – Gilts – Sows – Boars	Drug name:
Concentration:	Size:
Quantity:	Delivery Method: (circle applicable) Pick up- Date: _____ Ship out
Prescription Refill?	Protocol Prescription:

**** Please note: It is up to the discretion of Dr. Marshall to prescribe and dispense any medications requested. While we do our best to accommodate your needs, we may not be able to provide and fill all requests****

Please fax form back to us or submit by email.