Veterinary Prescription Template

Patient

Client Last Name		Client First Name	
Pet Name		Client DOB	_____ / _____ / _____
Pet Species	☐ Cat ☐ Dog ☐Other: _____	Pet Weight	
Address			
City, State, Zip		Phone	

Suspensions

☐ Buprenorphine 0.3mg/ml Solution	Give _____ ml under tongue or in check pouch every _____ hours	_____ ml	_____ refills
☐ Doxycycline 100mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Fluoxetine 10mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Gabapentin 100mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Methimazole 5mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Methimazole 10mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Omeprazole 10mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Prednisolone 10mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Prednisolone 20mg/ml Suspension	Give _____ ml by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Other:	Give _____ ml by mouth every _____ hours	_____ months _____ ml	_____ refills

Other Medication

☐ Budesonide Capsules	☐ 0.25mg ☐ 1mg ☐ 2mg ☐ 3mg ☐ Other:	Give _____ capsule(s) by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Cisapride Capsules	☐ 5mg ☐ 8mg ☐ Other:	Give _____ capsule(s) by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ DES Capsules	☐ 1mg ☐ Other:	Give _____ capsule(s) by mouth once daily for _____ days then give one capsule once weekly	☐ 1 month	☐ 11 refills
☐ Gabapentin Soft Treat	☐ 50mg ☐ 100mg ☐ Other:	Give _____ soft treat(s) by mouth every _____ hours	☐ 1 month	☐ 11 refills
☐ Gabapentin Triturate (T.T.)	☐ 25mg ☐ 50mg ☐ Other*: *max 50mg per T.T.	Give _____ T.T. by mouth every _____ hours	☐ 1 month ☐ 1 month	☐ 11 refills ☐ 11 refills
☐ Methimazole Transdermal	☐ 2.5mg/0.1ml ☐ 10mg/0.1ml ☐ 5mg/0.1ml ☐ 15mg/0.1ml ☐ Other:	Apply _____ click(s)* to ear pinna every _____ hours. Wear gloves. Wash hands after use. *1 click = 0.05ml	☐ 1 month	☐ 11 refills
☐ Other:			_____ months _____ ml	_____ refills

Prescriber

Name			
Phone			
Address*			
DEA*			
Signature		Date	

*Required for all controlled substances and gabapentin

*This form is not valid for C2 prescriptions

☐ *Fax to Mix Pharmacy – 651-925-8659* ☐ *Other:*