

## Record 8: SAMPLE VETERINARY PRESCRIPTION (refer to CCP 1)

Clinic: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient ID: \_\_\_\_\_

Treatment: \_\_\_\_\_

DIN: \_\_\_\_\_

Instructions for use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription expiry date: \_\_\_\_\_

Withdrawal recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Milk: \_\_\_\_\_

Meat: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Veterinarian's signature: \_\_\_\_\_

Owner's or agent for owner's signature: \_\_\_\_\_