

VPG Exeter Immunotherapy Prescription Form

Surgery details

Veterinary surgeon name and qualifications.....

Practice name and address (incl postcode).....
.....
.....

Tel. no.....

Client details

Species.....Animals name.....

Owners name.....

Owners address (incl postcode).....
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.....

Premises where animals are kept (if different).....
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VPG Exeter lab numbers.....

Medication

Name of medicinal product.....

Total quantity to be supplied.....

Route of administration.....

Amount to be administered on each occasion.....

Frequency of administration.....

Special instruction and warnings **For animal treatment only. Keep out of reach of children. Use only as indicated.**

Please supply an immunotherapy vaccine for the above animal under my care.
The medicinal product has been prescribed under the veterinary cascade.
The prescription is for single-use only and is valid for six months from the signed date.

Veterinary surgeon signature.....

Date.....