

# Rx Prescription Form

**CLIENT** (please print)

Account Name \_\_\_\_\_  
Customer Name \_\_\_\_\_  
Farm Name \_\_\_\_\_  
Customer Number \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**VETERINARIAN** (please print)

Name \_\_\_\_\_  
License Number \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Product Name \_\_\_\_\_  
Size \_\_\_\_\_  
Quantity \_\_\_\_\_ Number of Refills \_\_\_\_\_  
Directions (check one):  
 Use according to manufacturer's label indications  
 Specific use directions \_\_\_\_\_  
\_\_\_\_\_  
Warnings:  
 Withhold milk for \_\_\_\_\_ hours  
 Withhold meat for \_\_\_\_\_ days  
 Test milk before marketing  
 Test urine before marketing animal

Product Name \_\_\_\_\_  
Size \_\_\_\_\_  
Quantity \_\_\_\_\_ Number of Refills \_\_\_\_\_  
Directions (check one):  
 Use according to manufacturer's label indications  
 Specific use directions \_\_\_\_\_  
\_\_\_\_\_  
Warnings:  
 Withhold milk for \_\_\_\_\_ hours  
 Withhold meat for \_\_\_\_\_ days  
 Test milk before marketing  
 Test urine before marketing animal

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 Test urine before marketing animal



**PHONE**



**MAIL**



**FAX**

**HORSE HEALTH USA**  
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**Veterinarians may submit orders by:**

- Calling our pharmacy at **800-835-7451** (9am-6pm Eastern Time)
- Mailing the Prescription Form to Horse Health USA, 2780 Richville Drive SE, Massillon, OH 44646
- Faxing the Prescription Form to our pharmacy at **330-830-2762** (24/7)

Make a copy of this form for your Veterinarian to fill out.