



Mairs Veterinary Hospital Fax: 330-262-7921
Phone: 330-262-7921
Horsedoc61@aol.com

Prescription Request Form

***Owner requests medication(s) listed below — no substitutions of medications listed below will occur unless authorized by the owner and/or veterinarian.**

Owner Name: _____ Phone: _____

1. Animal Name _____ Species: _____

Allergies: _____

Significant Medical Conditions: _____

Medication Requested: _____ Qty _____

Directions of Use: _____

2..Animals Name: _____ Species: _____ Allergies: _____

Significant Medical Conditions: _____

Medication Requested: _____ Qty _____

Directions of Use: _____

Dispense as written (generic substitution OK unless this box is checked)

Veterinarian's Name _____

Signature _____ Date Signed _____

Prescription Policy

Our prescription refill policy is that all patient's prescription refills will depend on the type of medication and condition of animal. Pending approval from the prescribing Veterinarian additional prescriptions will require a follow up appointment to help maintain the status of your animal's health. By signing below you hereby acknowledge that in your pet's best interest and health all prescriptions that need refilled will be per case and approval of the prescribing Veterinarian. When refills are completed I acknowledge that It may be necessary for a follow up appointments to maintain my pet's proper heath.

Signature: _____ Date: _____