



Coombe Lane Veterinary Hospital
Poison pack prescription

Coombe Lane
Axminster
Devon
EX13 5AX

T 01297 630500
F 01297 630505

E cvh@axvets.co.uk

PRACTICE NAME

PRACTICE ADDRESS (INCLUDING POSTCODE).....

TELEPHONE NUMBER:

ANIMAL NAME.....

SPECIES.....

OWNERS NAME

OWNERS ADDRESS(INCLUDING POSTCODE)

THIS PRESCRIPTION IS FOR A **SINGLE-USE ONLY**. ITEMS ARE SUBJECT TO VAT. DETAILS OF CONTRA-INDICATIONS CAN BE OBTAINED FROM THE DISPENSER. THE PHARMACIST/AUTHORISED DISPENSER SHOULD RETAIN THIS SCRIPT FOR FIVE YEARS AGAINST FUTURE AUDIT.

PRINT NAME, STRENGTH AND FORMULATION OF
MEDICINE.....

TOTAL QUANTITY TO BE
SUPPLIED.....

ROUTE OF
ADMINISTRATION.....

AMOUNT TO BE ADMINISTERED
.....

DURATION OF
TREATMENT.....

It is important to note that under current legislation Schedules 3 and 4 of the Veterinary Medicines Regulations 2005 must be followed. Substitution of a different medication for a named authorised licensed veterinary medication may be illegal. This practice accepts no responsibility for the safety, withdrawal periods or efficacy of any substituted medications nor any liability for any losses however sustained. All such liabilities rest exclusively with the pharmacist/authorised dispenser. Veterinary surgeons will use their knowledge to decide on the best medication for the patient. They will consider the patient's condition, any drug interactions and any other existing disease. They will also make detailed notes in the patient's clinical records. Finally they will write the prescription.

For Animal Treatment Only – Keep out of the Reach of Children

THIS PRESCRIPTION IS FOR ANIMAL(S) UNDER MY CARE AND IS VALID FOR SIX MONTHS FROM THE DATE SIGNED

DATE:

SIGNED:

PRINT NAME AND QUALIFICATION:

TA Porter
MA VetMB
Cert SHP MRCVS

JJ Van Dijk
DVM MRCVS
GP Cert (FAP)

www.coombefieldvets.co.uk