



1150 5th Street, Suite 146, Coralville, Iowa 52241

PRESCRIPTION AUTHORIZATION FAX FORM
Pharmacy (toll free) Fax # 1-866-761-5130
(for veterinary use only)

Dear Pet Owner,

Thank you for choosing VetRxDirect pet licensed pharmacy.

To order a prescription medication, a prescription from a US-licensed veterinarian is required. For your convenience, and for the convenience of your veterinarian, please feel free to utilize the following form. Please print this PDF document and fill out your contact information.

IMPORTANT: Deliver the fax form to your veterinarian for further processing.
State and Federal pharmacy laws stipulate that pet prescriptions may only be faxed to a licensed pharmacy from a US-licensed veterinarian.

PET OWNER

Step 1: Place your order online or by phone with VetRxDirect

Step 2: PRINT Veterinary Rx Authorization FAX Form & fill in your contact info

Step 3: DELIVER to your veterinarian for authorization. (We can not accept any prescriptions unless faxed from a veterinarian.

VETERINARIAN

Step 4: COMPLETE FORM

Step 5: FAX to VetRxDirect

Ordering from VetRxDirect is easy once you get your pet's prescription on file. If you have any questions, or wish to place your order by phone, feel free to call us any time at 1-866-761-6578.

Thank You,

VetRxDirect Pharmacy Staff

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Pharmacy (toll free) Fax

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ATTENTION VETERINARIAN: Thank you for considering VetRxDirect to fill a prescription for your client's medication(s). If you have any questions, please call 1-866-761-6578.

PET OWNER – please print information below

OWNER _____
 First Name Last Name Customer Number – (optional)

ADDRESS _____
 City State Zip

PHONE _____ EMAIL _____

VETERINARIAN – please print prescription info (or attach RX below) and fax to 1-866-761-5130

******* This Area for Veterinary Use Only *******

VETERINARIAN _____
 First Name Last Name State License #

CLINIC _____
 Clinic Name

 City State Zip

 PHONE FAX

	Pet Name	Species	Breed	Sex	Medication	Strength	QTY EA	Add'l # of Refills
1		Dog <input type="checkbox"/>		M				
		Cat <input type="checkbox"/>		F S/F N/M				
Directions for Use:								
2		Dog <input type="checkbox"/>		M				
		Cat <input type="checkbox"/>		F S/F N/M				
Directions for Use:								

Please indicate any known significant allergies/medical conditions: _____

Veterinarian's Signature (Please Review Directions and Number of Refills)

 Name Date

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