



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

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

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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