



Prescription Form

900 Green Valley Rd., Beaver Dam, WI 53916

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Client Name : _____ Phone : _____ Date : _____
 Client Address : _____ City : _____ State : _____ Zip: _____
 Clinic Name : _____
 Clinic Address : _____ City : _____ State : _____ Zip: _____
 Veterinarian : _____ Phone # : _____
 Vet Signature : _____ License # : _____

Product : _____ Size : _____ Months : _____ Thru : _____ Unlimited Qty : <input type="checkbox"/> Yes <input type="checkbox"/> No Qty : _____ Animal ID or Group : _____ Directions : _____ _____ _____ _____ Hold Milk _____ hours Hold Meat _____ days Test milk or urine before the milk or animal is marketed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Product : _____ Size : _____ Months : _____ Thru : _____ Unlimited Qty : <input type="checkbox"/> Yes <input type="checkbox"/> No Qty : _____ Animal ID or Group : _____ Directions : _____ _____ _____ _____ Hold Milk _____ hours Hold Meat _____ days Test milk or urine before the milk or animal is marketed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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