



Compounded Medication Pet Owner Order Form

New Prescriptions, Refills and Transfers

Date: _____

Complete the following

Pet and Pet Owner Information

Pet's Name: _____ Species: _____

Breed: _____ Sex: Male Female Spayed/Neutered: Yes No

Date of Birth: _____ Weight _____ lbs. Recorded Date: _____

Allergies: _____

Pet Owner Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____

Prescription Information

- New Prescription – include copy of prescription
- Refill request on existing prescription – provide Rx# : _____
- Transfer existing prescription – provide medication/Rx# : _____
Current Pharmacy Name: _____ Phone: _____
Veterinarian/Clinic Name: _____ Phone: _____

Select delivery method - Applicable shipping charges will apply:

- FedEx 2Day Express
- Overnight Delivery

Fax a copy this Pet Owner Order Form and pet's prescription, if required, to 866-685-7608 or 850-944-7979.

We will contact you for verification and additional information as needed.