

Horsewarehouse.com Pharmacy Prescription Form

Make a Copy for Future Prescriptions • **PRESCRIPTION ITEMS CANNOT BE RETURNED**

Please Print

CLIENT _____ **HORSE'S NAME** _____ **PHONE () -** _____

Veterinarian (Print) _____ **Signature** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone () - _____ **State** _____ **License No.** _____ **Date** _____

1) Your veterinarian must mark size, quantity and number of refills (PRN = per as needed)
 2) Your veterinarian must complete, date and sign the veterinarian information form in the above box.
 3) Fax this copy to 1-573-964-0485 or mail to HorseWarehouse, 49 Rosco Rd., Lake Ozark, MO 65049.
If you have any question call, 1-800-530-1713. Sending in only the prescription without an order does not constitute an order. An order must also be submitted either by mail, fax, phone, or it can be placed online. Prescriptions are good for one year from date of veterinarian's signature or until fully filled, whichever comes first.

Product	Fills	# of Refills	Product	Fills	# of Refills
Acepromazine 50ml	___	0 1 2 3 4 PRN	Isoxsuprine 20mg/Tabs - 1000 count	___	0 1 2 3 4 PRN
Acetazolamide 250mg/100 Tabs	___	0 1 2 3 4 PRN	Kenalog 10mg/ml 5ml	___	0 1 2 3 4 PRN
Adequan IM 100mg/ml 5ml Vial	___	0 1 2 3 4 PRN	Ketofen 100mg/ml 50ml or 100ml (circle vol)	___	0 1 2 3 4 PRN
Adequan IM 100mg/ml 50ml Vial	___	0 1 2 3 4 PRN	Legend 20ml	___	0 1 2 3 4 PRN
Albuterol 4mg/Tabs AMT___	___	0 1 2 3 4 PRN	Legend 10mg/ml 4ml vial	___	0 1 2 3 4 PRN
Amikacin mg___ Size___	___	0 1 2 3 4 PRN	Lidocaine Inj 100ml or 250ml (circle vol)	___	0 1 2 3 4 PRN
Banamine Injectable Size___	___	0 1 2 3 4 PRN	Lutalyse (Prostin) 30ml	___	0 1 2 3 4 PRN
Flunixinamine 100ml or 250ml (circle vol)	___	0 1 2 3 4 PRN	Map 5 50mg 10ml	___	0 1 2 3 4 PRN
Banamine Paste 30ml	___	0 1 2 3 4 PRN	Marquis 127gm Paste	___	0 1 2 3 4 PRN
Buscopan Inj 50ml	___	0 1 2 3 4 PRN	Methocarbamol mg___ AMT___	___	0 1 2 3 4 PRN
Bute Paste 12gm	___	0 1 2 3 4 PRN	Naxcel 4gm	___	0 1 2 3 4 PRN
Bute Powder 1gm 100 dose	___	0 1 2 3 4 PRN	Oxytocin 100ml	___	0 1 2 3 4 PRN
Bute Tabs 1gm 100 Tabs	___	0 1 2 3 4 PRN	Polyglycan 10ml	___	0 1 2 3 4 PRN
Cephalexin Caps mg___ AMT___	___	0 1 2 3 4 PRN	Prednisolone 20mg/500 Tabs	___	0 1 2 3 4 PRN
Chondroprotec 10ml	___	0 1 2 3 4 PRN	Previcox Tablets 60ct 57mg or 227mg (circle st)	___	0 1 2 3 4 PRN
Cimetidine Tabs mg___ AMT___	___	0 1 2 3 4 PRN	Progesterone Inj mg___ ml___	___	0 1 2 3 4 PRN
Cyproheptadine 4 mg 1000ct	___	0 1 2 3 4 PRN	ProstaMate(Prostin) 30ml	___	0 1 2 3 4 PRN
Depo-Medrol mg___ Size___	___	0 1 2 3 4 PRN	Ranitidine Tabs 300mg AMT___	___	0 1 2 3 4 PRN
Dexamethasone 4mg___ Size___	___	0 1 2 3 4 PRN	Regumate 1000ml	___	0 1 2 3 4 PRN
Disal 50mg 100ml	___	0 1 2 3 4 PRN	Salix Inj(Lasix) 50ml	___	0 1 2 3 4 PRN
Dormosedan 5ml or 20ml (circle vol)	___	0 1 2 3 4 PRN	SMZ's 960mg 100ct or 500ct (circle ct)	___	0 1 2 3 4 PRN
Doxycycline Caps mg___ AMT___	___	0 1 2 3 4 PRN	Sucralfate 1gm 100ct or 500ct (circle ct)	___	0 1 2 3 4 PRN
Doxycycline Tabs mg___ AMT___	___	0 1 2 3 4 PRN	Surpass Topical Cream 124gm	___	0 1 2 3 4 PRN
E-SE Inj 100ml	___	0 1 2 3 4 PRN	THYRO-L Powder 10lb	___	0 1 2 3 4 PRN
EqStim 5ml or 50ml (circle vol)	___	0 1 2 3 4 PRN	Trihist Granules 20oz or 5lb	___	0 1 2 3 4 PRN
Equioxx Oral Paste	___	0 1 2 3 4 PRN	Tucoprim 400gm or 2,000gm (circle size)	___	0 1 2 3 4 PRN
Gastrogard Paste	___	0 1 2 3 4 PRN	Ventipulmin Syrup 330ml or 460ml (circle size)	___	0 1 2 3 4 PRN
Gel-50 Syringe or Vial (circle one)	___	0 1 2 3 4 PRN	Vetalog mg___ ml___	___	0 1 2 3 4 PRN
Gentomycin 100mg/ml 100ml or 250ml (circle vol)	___	0 1 2 3 4 PRN	Vit B Complex 150/100ml	___	0 1 2 3 4 PRN
HCG Chorulan 10ml	___	0 1 2 3 4 PRN	Xylazine 50ml	___	0 1 2 3 4 PRN