

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	Legend 20ml	___	0 1 2 3 4 PRN
Acetazolamide 250mg/100 Tabs	___	0 1 2 3 4 PRN	Legend 10mg/ml 4ml vial	___	0 1 2 3 4 PRN
Adequan IM 100mg/ml 5ml Vial	___	0 1 2 3 4 PRN	Lidocaine Inj 100ml or 250ml (circle vol)	___	0 1 2 3 4 PRN
Adequan IM 100mg/ml 50ml Vial	___	0 1 2 3 4 PRN	Liver 7 100ml	___	0 1 2 3 4 PRN
Albuterol 4mg/Tabs AMT___	___	0 1 2 3 4 PRN	Lutalyse (Prostin) 30ml	___	0 1 2 3 4 PRN
Amikacin mg___ Size___	___	0 1 2 3 4 PRN	Map 5 50mg 10ml	___	0 1 2 3 4 PRN
Banamine Injectable Size___	___	0 1 2 3 4 PRN	Marquis 127gm Paste	___	0 1 2 3 4 PRN
Flunixin 100ml or 250ml (circle vol)	___	0 1 2 3 4 PRN	Methocarbamol mg___ AMT___	___	0 1 2 3 4 PRN
Banamine Paste 30ml	___	0 1 2 3 4 PRN	Naxcel 1gm or 4gm (circle size)	___	0 1 2 3 4 PRN
Buscopan Inj 50ml	___	0 1 2 3 4 PRN	Oxytocin 100ml	___	0 1 2 3 4 PRN
Bute Inj 100ml	___	0 1 2 3 4 PRN	Pergolide Powder 50mg/scoop - 100 scoops	___	0 1 2 3 4 PRN
Bute Paste 12gm	___	0 1 2 3 4 PRN	Pergolide Syrup 1mg/ml - 100ml	___	0 1 2 3 4 PRN
Bute Powder 1gm 100 dose	___	0 1 2 3 4 PRN	Polyglycan 10ml	___	0 1 2 3 4 PRN
Bute Tabs 1gm 100 Tabs	___	0 1 2 3 4 PRN	Prednisolone 20mg/500 Tabs	___	0 1 2 3 4 PRN
Cephalexin Caps mg___ AMT___	___	0 1 2 3 4 PRN	Progesterone Inj mg___ ml___	___	0 1 2 3 4 PRN
Chondroprotect 10ml	___	0 1 2 3 4 PRN	ProstaMate(Prostin) 30ml	___	0 1 2 3 4 PRN
Cimetidine Tabs mg___ AMT___	___	0 1 2 3 4 PRN	Ranitidine Tabs 300mg AMT___	___	0 1 2 3 4 PRN
Cyproheptadine 4 mg 1000ct	___	0 1 2 3 4 PRN	Regumate 1000ml	___	0 1 2 3 4 PRN
Depo-Medrol mg___ Size___	___	0 1 2 3 4 PRN	RVI 12ml	___	0 1 2 3 4 PRN
Dexamethasone 4mg___ Size___	___	0 1 2 3 4 PRN	Salix Inj(Lasix) 50ml	___	0 1 2 3 4 PRN
Dexamethasone 2mg___ Size___	___	0 1 2 3 4 PRN	SMZ's 960mg 100ct or 500ct (circle ct)	___	0 1 2 3 4 PRN
Disal 50mg 100ml	___	0 1 2 3 4 PRN	Sterile SALINE Size___	___	0 1 2 3 4 PRN
Dormosedan 5ml or 20ml (circle vol)	___	0 1 2 3 4 PRN	Sucralfate 1gm 100ct or 500ct (circle ct)	___	0 1 2 3 4 PRN
Doxycycline Caps mg___ AMT___	___	0 1 2 3 4 PRN	Surpass Topical Cream 124gm	___	0 1 2 3 4 PRN
Doxycycline Tabs mg___ AMT___	___	0 1 2 3 4 PRN	Thyroid Supplement 1 lb or 10lb (circle lb)	___	0 1 2 3 4 PRN
E-SE Inj 100ml	___	0 1 2 3 4 PRN	THYRO-L Powder 1 lb or 10lb (circle lb)	___	0 1 2 3 4 PRN
Epinephrine 30ml	___	0 1 2 3 4 PRN	Tribrisen PASTE 37.5gm	___	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___	___	0 1 2 3 4 PRN
Gastrogard Paste	___	0 1 2 3 4 PRN	Ventipulmin Syrup 100ml 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	Vitamin 15 Triple Crown 100ml	___	0 1 2 3 4 PRN
Isoxsuprine 20mg/Tabs - 1000 count	___	0 1 2 3 4 PRN	Vitamin B12 3000 mcg 100ml	___	0 1 2 3 4 PRN
Kenalog 10mg/ml 5ml	___	0 1 2 3 4 PRN	Vitamin C Inj 100ml or 250ml (circle vol)	___	0 1 2 3 4 PRN
Ketofen 100mg/ml 50ml or 100ml (circle vol)	___	0 1 2 3 4 PRN	Xylazine 50ml	___	0 1 2 3 4 PRN