

Chariton Vet Supply, Inc.
Robbie Rainer, President

PRESCRIPTION INFORMATION

****Must fill out form in its entirety****

PO Box 81
Huntsville, MO 65259

Phone: (660) 263-8898

Fax: (660) 263-8860

P
R
E
S
C
R
I
P
T
I
O
N

F
O
R
M

OWNER: _____ DATE: _____

BUSINESS/RANCH NAME: _____

CLIENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ SPECIES: _____

R_x Medications:

Item/Strength	Dose	Qty	REFILLS				
			0	1	2	3	4 PRN
_____	_____	_____	0	1	2	3	4 PRN
_____	_____	_____	0	1	2	3	4 PRN
_____	_____	_____	0	1	2	3	4 PRN
_____	_____	_____	0	1	2	3	4 PRN

USE AS DIRECTED _____

VET _____ LICENSE # _____

PHYSICAL ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE # _____ FAX # _____

_____ D.V.M. _____ D.V.M.

Substitution Permitted

Dispense as written

Due to recent changes with Chariton Vet Supply regarding the dispensing and ordering of prescription items, Chariton Vet Supply has become a licensed Missouri Wholesale Drug Distributor. In accordance with these regulations Chariton Vet Supply has contracted a licensed pharmacist to verify and fill prescription orders. We now require current prescriptions for each item which your client would like to order through us.

To help us better serve you and our customers please fill out the above information when faxing (fax must have your phone number and correct date) or mailing in your prescription. To facilitate the process please fill out the form legibly in its entirety. You may use the bottom of this form to prescribe medications or attach the prescription. Please make sure the correct date is noted along with refills available.

Thank you for your assistance,

Robbie Rainer

Robbie Rainer
Chariton Vet Supply