

## Request for Prescription Refill

*Please fill in this form as completely as possible. Please allow at least 24 hours for refill request to be processed. We will contact you if there are any problems with your request.*

*Please also note that this form is for refills of medications dispensed by our offices. Requests for medications dispensed by outside pharmacies may be submitted by e-mailing us on the "Contact Us" page or by phoning one of our offices.*

(\*required)

\*Your Name: \_\_\_\_\_ Your DOB: \_\_\_\_\_

\*Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

\*Patient (Pet) Name: \_\_\_\_\_

\*Species:  Canine  Feline

Pet's Sex:  Male  Female

**\*Prescription Drug Name:** \_\_\_\_\_

Strength: \_\_\_\_\_

Quantity (if known): \_\_\_\_\_

How are you giving the medicine? (*i.e., once daily, etc.*)

\_\_\_\_\_

Doctor Dispensing: \_\_\_\_\_

\*Pickup at:  Fishers Veterinary Hospital (Allisonville Road)

Brookschool Road Veterinary Clinic

Carmel Veterinary Clinic

Day and Time you would like to pick up: \_\_\_\_\_

Additional comments/ questions: