



Medicinal Plants for Animals

# Prescription Form

FOR ANIMAL TREATMENT ONLY

---

## Prescriber details

First name:

Last name:

Reg no:

Practice name:

Practice address:

Email address:

Phone:

---

## Owner details

Dr

Mr

Mrs

Ms

Miss

First name:

Last name:

Address:

Phone:

Email address:

---

## Animal details

Name:

Species:

Breed:

Age:

Sex:

Weight:

---

## Medication

Name of medication: Compounded CBD

Isolate

Full spectrum

Broad spectrum oral oil

Strength:

25mg/ml

50mg/ml

100mg/ml

200mg/ml

Quantity:

25ml

50ml

Instructions:

---

Prescriber signature:

Date:

OFFICE USE ONLY

PAID

PROCESSED