

HERITAGE ANIMAL HEALTH

DBA Livestock Concepts
Prescription Rx Program

(800) 458-4439 x 3149

Fax (970) 347-3650

Customer Name & Address:

Date: _____

Consulting Veterinarian & Address:

Prescription Number: _____

Phone: _____

I have prescribed the following material for my client, named above:

Drug	Product Strength	Size	Directions for Use	Withdrawal Time	Approved Species	Maxium Qty. Per Order	# of Refills	Generic Allowed	RX Number

Expiration Date of this Prescription: _____

DVM: _____

Signature: _____

License #: _____

Expiration Date: _____

State Issued In: _____