

**Prescription Order Form for Animals**

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Pet's Name \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

**Diethylstilbestrol Capsules for Animals**

- DES 0.5mg
- DES 1mg
- DES 2mg
- DES other \_\_\_\_\_ mg

**Directions:** \_\_\_\_\_

**Refill** \_\_\_\_\_

**Veterinarian Signature:** \_\_\_\_\_

**Veterinarian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**State License:** \_\_\_\_\_ **DEA:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Instructions:**

- ▲ Complete all sections.
- ▲ We must verify the legitimacy of all prescriptions as required by law.
- ▲ We will contact the patient by phone to arrange for payment and shipping (to California Only)
- ▲ Fax or mail the completed prescription to: