

## Prescription Refill Request

(In order to fill prescriptions, pets must have been examined in the past 12 months by one of our doctors)

**Please Note: Requests will be processed from 9:00 – 12:00 each day. If we receive your submission after 12:00 noon, it will be processed the next business day. Please allow 48 hours for refills to be completed. If this is an emergency request, please call our office at 706-546-7879 .**

Client Name: \_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
(please print)

Pets Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Medication Requested: \_\_\_\_\_ Quantity: \_\_\_\_\_

Number of Refills Requested: \_\_\_\_\_

Name of Pharmacy (if not being filled here): \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Is your pet currently taking other medications: Yes \_\_\_ No \_\_\_

If yes, please list other medication(s):

\_\_\_\_\_  
\_\_\_\_\_

Is your pet allergic or has your pet had any adverse reaction to any medication?

Yes \_\_\_ No \_\_\_

Has your pet been sick lately? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_