



Email Form To: LGANPharmacy@Covetrus.com
 Fax Form To: 1-866-422-2930
 Call with Prescription Questions: 1-833-339-5427
 Large Animal information: 1-855-724-3461

Instructions: Complete the form, print, sign and email or fax to the contact details above.
 To populate this form go to the ITEM column, type in ' followed by the catalog number; for example '034115.

Farm/Ranch Information	Clinic/Veterinarian Information
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Farm/Ranch Name: _____ Street: _____ City/State/Zip: _____ Owner or Herd Manager: _____ Name: _____ Phone Number: _____ Email: _____ Species: _____	Veterinarian Name: _____ Street: _____ City/State/Zip: _____ Phone Number: _____ Email: _____ Fax: _____ License #: _____
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Line No	Refills	Item	Product Name	Approved Dosing	Mate withhold	Milk withhold
1	PRN					
2	PRN					
3	PRN					
4	PRN					
5	PRN					
6	PRN					
7	PRN					
8	PRN					
9	PRN					
10	PRN					
11	PRN					
12	PRN					
13	PRN					
14	PRN					
15	PRN					

Additional Comments	Veterinarian Signature
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Additional Comments	<p>By signing below, the veterinarian confirms a valid veterinarian-client-patient relationship. Unless otherwise indicated by the veterinarian, this form authorizes PRN refills up to a maximum of 12 months from date signed.</p> <div style="background-color: #ffffcc; padding: 2px;">Name</div> <div style="background-color: #ffffcc; padding: 2px;">Email</div> <div style="background-color: #ffffcc; padding: 2px;">Signature</div> <div style="background-color: #ffffcc; padding: 2px;">Date</div>
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