



PORT ST JOHN DISCOUNT PHARMACY

TEL(321) 637-0911 ♦ FAX (800) 854-0356 ♦ 6801 HWY US 1 N, COCOA, FL 32927

VETERINARY COMPOUNDING PRESCRIPTION FORM

Patient Name: _____ Patient DOB: _____

Owner Name: _____ Species: _____

Address: _____

Phone Number: _____ Allergies: _____

Antibiotics

- Doxycycline
- Amoxicillin
- Ciprofloxacin
- Metronidazole

Blood Pressure/Heart

- Atenolol
- Enalapril
- Amlodipine
- Sildenafil

Anti-Anxiety

- Alprazolam
- Buspirone
- Benadryl
- Diazepam
- Amitriptyline

Pain Medications

- Diclofenac
- Tramadol
- Cyclobenzaprine
- Gabapentin

Behavior

- Fluoxetine
- Clomipramine

Dermatologic

- Cyclosporin
- Hydrocortisone
- Prednisolone
- Dexamethasone
- Prednisone

Anti-Seizure

- Phenobarbital
- Potassium Bromide

Gastrointestinal

- Omeprazole
- Cisapride

Anti-Microbial

- Ponazuril

Thyroid

- Methimazole

Medication Form: (CIRCLE ONE)	Suspension Flavors: <input type="checkbox"/> Chicken <input type="checkbox"/> Tuna <input type="checkbox"/> Peanut Butter	Capsule	Transdermal	Treat Flavors: <input type="checkbox"/> Chicken <input type="checkbox"/> Tuna <input type="checkbox"/> Peanut Butter
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Strength: _____ Quantity: _____ Refills: _____

Directions: _____

Signature: _____ Date: _____

Provider Name: _____ DEA: _____