



Pet Rx 2 Go

Prescription Authorization Fax Form
137 West State Street
Dike, Iowa 50624

Pharmacy Fax: 1-866-256-8383
Phone: 1-800-798-2165
Email: staff@petrx2go.com

Our mutual client has placed an order for their pet's medication. This form can be completed then faxed, emailed or phoned back to us. If there is more than 1 pet or medication needed, please print out the second sheet.

Pet Owner – Please print your information below

Owner _____ Check here if owner is over age 18 _____
First Name Last Name

Address _____ Contact Phone _____
_____ email _____
City State Zip

Please list any other medications (including OTC products) your pet is currently taking _____

Please check if generic substitution is acceptable. _____

Veterinarian – Please print your information below
****This Area for Veterinary Use Only****

Veterinarian _____
(Please print clearly) First Name Last Name State License #

Clinic Name _____

Street Address _____

City State Zip

Phone _____ Fax _____

Pet Name _____ Species _____ Breed _____
Sex: F _____ S/F _____ M _____ N/M _____ Weight _____ Age _____ Allergies _____

Significant Medical Conditions _____

Medication/Strength _____ Quantity/Doses _____ Refills _____

Directions for Use _____

_____ Brand Necessary _____

Veterinarian's Signature _____ Date _____

If you are not going to authorize this prescription for this client, please check here _____ and fax,email or phone us. We will then contact your client and let them know the request has been denied.

Pet Name _____ Species _____ Breed _____
Sex: F _____ S/F _____ M _____ N/M _____ Weight _____ Age _____ Allergies _____

Significant Medical Conditions _____

Medication/Strength _____ Quantity/Doses _____ Refills _____

Directions for Use _____

_____ Brand Necessary _____

Veterinarian's Signature _____ Date _____

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