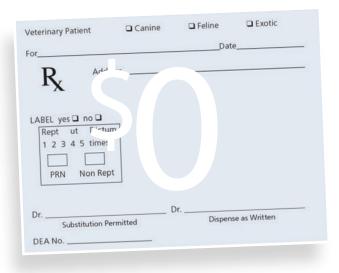


BRIDE **PRESCRIPTION**



✓ Doctor's Signature

PRESCRIPTION Fax completed form to 877.673.3706 or email info@svpmeds.com Veterinary Patient	Pet Name: Species: Clomipramine 50mg chewables: Qty. 25 Pet Name: Species: Clomipramine 10mg/0.1mL Transdermal Gel 90 day BUD: Qty. 3 x 1mL Pet Name: Species: Fluoxetine 50mg/mL Transdermal Gel: Qty. 3 x 1mL Pet Name: Species: Fluoxetine 5mg chewable Salmon Flavor: Qty. 25
	Pet Name: Species: Acepromazine 5mg/0.1mL Transdermal Gel 30 day BUD: Qty. 3 x 1mL
Contact Name	Clinic Name
Clinic Phone	Email
Doctor's Name	State License#

Ouestions? Call us! 877.673.3705