

Pharmacy to Vet Clinic Compounding Prescription Form

Once completed, please send to HPS Compounding via fax on (08) 8375 3570 or email (compounding@hpspharmacies.com.au).
Please note: It is a legal requirement to send the original prescription to HPS Compounding.

Veterinary Clinic: _____ **Contact Number:** () _____

Veterinarian Name: _____

Veterinarian Signature: _____ **Date:** _____

By signing this form you agree the below medication is for a patient in your care.

Medication Required

Ingredient/Product: _____

Strength/Form: (e.g. capsules, cream) _____

Quantity: _____ Repeats: (enter number) _____

Flavour:* Yes No (list details) _____

Dosing Directions: (required field) _____

Animal and Owner Details

1. **Owner Name:** _____ **Phone Number:** () _____

Pet Name: _____ **Species:** _____

Weight: _____ **Breed:** _____

Sex: Male Female **Age:** _____ **Desexed:** Yes No

2. **Owner Name:** _____ **Phone Number:** () _____

Pet Name: _____ **Species:** _____

Weight: _____ **Breed:** _____

Sex: Male Female **Age:** _____ **Desexed:** Yes No

3. **Owner Name:** _____ **Phone Number:** () _____

Pet Name: _____ **Species:** _____

Weight: _____ **Breed:** _____

Sex: Male Female **Age:** _____ **Desexed:** Yes No

4. **Owner Name:** _____ **Phone Number:** () _____

Pet Name: _____ **Species:** _____

Weight: _____ **Breed:** _____

Sex: Male Female **Age:** _____ **Desexed:** Yes No

Delivery Time Instructions

Urgent same day delivery required

Next day delivery required

* Please refer to the HPS Veterinary Flavouring Guide.

** All compounded medication will be charged to your HPS account.

A copy of HPS' Privacy Policy is available at www.hps.com.au, or you can request a copy by contacting our Privacy Officer via email: privacy@hps.com.au