

# Pharmacy Form

Date: \_\_\_\_\_

Your pet's name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ \*\*is this the phone number that we should use to contact you? \_\_\_\_ yes \_\_\_\_ no

If no, please enter the phone number that we should use. (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail address: \_\_\_\_\_

Is your pet a patient of Clay-Chalkville Animal Clinic? \_\_\_\_ yes \_\_\_\_ no If no, we are sorry but we are unable to dispense medication for your pet.

## Medication or Product Request

Item 1: \_\_\_\_\_ mg (if applicable) \_\_\_\_\_ QTY \_\_\_\_\_

Item 2: \_\_\_\_\_ mg (if applicable) \_\_\_\_\_ QTY \_\_\_\_\_

Item 3: \_\_\_\_\_ mg (if applicable) \_\_\_\_\_ QTY \_\_\_\_\_

Item 4: \_\_\_\_\_ mg (if applicable) \_\_\_\_\_ QTY \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

## Pick-up or Delivery Request

\_\_\_ I would prefer to pick up my pet's medication at the clinic (please select time preference) {drop down box}

\_\_\_ I would prefer that you ship the products to my home address. \*\*Pre-payment of product and shipping fees will apply. We will contact you with information when we receive your request.

\*\*\*If you need your order IMMEDIATELY, please do NOT use this service, but rather contact the clinic directly via phone (205) 681-1700.\*\*\*