## PET OWNER'S PRESCRIPTION AUTHORIZATION WEB FORM



**Ph**: 1-877-673-3705 | **Fax**: 1-877-673-3706

info@svpmeds.com | www.svpmeds.com

4159 Bluebonnet Drive, Stafford, Texas, 77477

If you need to speak with one of our pharmacists, or prefer to phone in your prescription please call 1-877-673-3705

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PET OWNER	Donna Reuter	Ph	none <u>44044420</u>	12 E	mail <u>skimin</u>	nby@gmail.	com
Address 4065 H	lidden Rock Road, CO	LORADO SPRI	NGS, CO, 80908				
Patient's Name	ZEUS NAPOLEON	DOB May 25	5, 2014 Bro	eed	Species	Canine	M/F M
Weight	<u>—</u>						
Veterinarian	Patrick Manubay		Clinic Center	West Animal H	lospital		
Address							
Phone <u>440871</u>	6211	Fax		Er	mail		
Rx Number 888	952 Medication	n Prescribed	PIMOBENDA	N Strength 1	MG/ML	Size_3	30 ML
Flavor CHICKE	EN	Form	ORAL SUSP	Qty <u>_1</u>	ı Re	fills	
DIRECTIONS							
Please indicate a	any known significant	allergies/med	lical conditions:				
MEDICAL R	ATIONALE						
Provide the ratio	nale for why the med	ication needs	to be compound	ed with the bu	ılk chemical p	er GFI-25	6
Dosing anim outcomes	al with an approved p	oroduct would	reduce compliar	ice and or is n	ot practical to	achieve r	nedical
Patient requi	res a dose that is una	achievable or u	unsafe with a co	mmercially ava	ailable produ	ct.	
☐ FDA approve	ed products unavailat	ole					
· <del></del>	a sensitivity or intolera res medically necessa			-	e commercial	lly availabl	e product
Medication c	ombination/strengths	/dosage forms	s are not availab	e as an appro	ved product		
An inactive in surrounding	ngredient in approved it	l commercial p	oroduct is toxic to	o species or e	nvironment/in	habitants	
Chemical pro	operties of the FDA-a	pproved drug	(s) prevent pract	ical and effect	tive use in the	e compour	iding of a
The formulat	ion quality is likely to	be sacrificed	due to the addition	onal excipients	s in commerc	ial product	:S
Other							
Veterinarian's Si	gnature				12	Dispense	e as written

## **Confidentiality Notice**

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PET OW	/NER	Donna Reuter	Pr	none	4404442	012	_ Email	skiminby@gm	ail.com
Address	4065 H	idden Rock Road, COL	ORADO SPRI	NGS, C	CO, 8090	8			
Patient's I	Name	Zeus	DOB May 25	5, 2014	B	reed		Species Canine	<u>M/F M</u>
Weight									
Veterina	arian	Patrick Manubay		Clin	ic <u>Cent</u> e	er West An	imal Hospital	I	
Address									
Phone 4	4408716	211	Fax				_ Email _		
Medica	tion Pr	escribed	Benazepril HCl	St	rength	5mg/ml	L	Size 60ı	mL
Flavor E	Bacon		Form				Qty <u>1</u>	Refills 1	
DIRECTIO	NS _								
Please in	dicate a	ny known significant	allergies/med	lical co	nditions				
Provide the Dosin outcome Patier FDA a Patier	ne ration g anima mes nt requin approve nt has a	ATIONALE  nale for why the medical with an approved pares a dose that is unaid products unavailable sensitivity or intolerates medically necessar	roduct would achievable or u le ance or allergy	reduce unsafe / to an	with a c	ance and one on mercial	or is not pra Ily available t in the com	ctical to achiev	e medical
An ina surrou Chem specif	active in unding i lical pro fic drug ormulati	ombination/strengths/ gredient in approved t perties of the FDA-ap on quality is likely to	commercial poproved drug	oroduc (s) pre	t is toxic vent pra	to species	s or environ	ment/inhabitan	ounding of a
	an's Sig	gnature						Disper	nse as written

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