



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



PET OWNER Donna Reuter Phone 4404442012 Email skiminby@gmail.com

Address 4065 Hidden Rock Road, COLORADO SPRINGS, CO, 80908

Patient's Name ZEUS NAPOLEON DOB May 25, 2014 Breed _____ Species Canine M/F M

Weight _____

Veterinarian Patrick Manubay Clinic Center West Animal Hospital

Address _____

Phone 4408716211 Fax _____ Email _____

Rx Number 888952 **Medication Prescribed** PIMOBENDAN Strength 1MG/ML Size 30 ML

Flavor CHICKEN Form ORAL SUSP Qty 1 Refills _____

DIRECTIONS _____

Please indicate any known significant allergies/medical conditions: _____

MEDICAL RATIONALE

Provide the rationale for why the medication needs to be compounded with the bulk chemical per GFI-256

- Dosing animal with an approved product would reduce compliance and or is not practical to achieve medical outcomes
- Patient requires a dose that is unachievable or unsafe with a commercially available product.
- FDA approved products unavailable
- Patient has a sensitivity or intolerance or allergy to an inactive ingredient in the commercially available product and/or requires medically necessary avoidance (allergy must be provided)
- _____
- Medication combination/strengths/dosage forms are not available as an approved product
- An inactive ingredient in approved commercial product is toxic to species or environment/inhabitants surrounding it
- Chemical properties of the FDA-approved drug (s) prevent practical and effective use in the compounding of a specific drug
- The formulation quality is likely to be sacrificed due to the additional excipients in commercial products
- Other

Veterinarian's Signature _____ Dispense as written

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Patient's Name Zeus DOB May 25, 2014 Breed _____ Species Canine M/F M

Weight _____

Veterinarian Patrick Manubay Clinic Center West Animal Hospital

Address _____

Phone 4408716211 Fax _____ Email _____

Medication Prescribed Benazepril HCl Strength 5mg/mL Size 60mL

Flavor Bacon Form _____ Qty 1 Refills 1

DIRECTIONS _____

Please indicate any known significant allergies/medical conditions: _____

MEDICAL RATIONALE

Provide the rationale for why the medication needs to be compounded with the bulk chemical per GFI-256

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