



### BCP Veterinary Pharmacy Prescription Order Form

email: [refill@bcpvetpharm.com](mailto:refill@bcpvetpharm.com) fax: 1-866-PET-CHEW

or upload the completed form on the contact page of our website: [www.bcpvetpharm.com/contact](http://www.bcpvetpharm.com/contact)

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic Phone \_\_\_\_\_ Fax \_\_\_\_\_

Circle One: NEW RX OR REFILL DATE: \_\_\_\_\_

Patient Name [First & Last] : \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

List of known allergies: \_\_\_\_\_

Drug \_\_\_\_\_

Strength \_\_\_\_\_ QTY # \_\_\_\_\_ # Refills \_\_\_\_\_

SIG \_\_\_\_\_

Indication: \_\_\_\_\_

Doctor \_\_\_\_\_

Lic # \_\_\_\_\_ DEA # \_\_\_\_\_

Dr. Signature \_\_\_\_\_

FORM	FLAVOR (circle one)
Chew <input type="checkbox"/>	Beef Chkn Liver Salmon OceanFish Bacon Other
Suspension <input type="checkbox"/>	Beef Chkn Liver Fish Other
Transdermal <input type="checkbox"/>	
Capsule <input type="checkbox"/>	
Injectable <input type="checkbox"/>	
Other <input type="checkbox"/>	

<b>Ship To:</b>	Clinic <input type="checkbox"/>	Pet <input type="checkbox"/>	<i>(When shipping to owner, please let them know we WILL NOT begin processing the order until they contact us at 1-800-481-1729.)</i>
		Owner <input type="checkbox"/>	
<b>Bill To:</b>	Clinic <input type="checkbox"/>	Pet <input type="checkbox"/>	
		Owner <input type="checkbox"/>	

Additional information / instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may call 713-771-1144 or 1-800-481-1729 to check on the status of your order. We appreciate your business!  
BCP Vet Pharmacy, 1614 Webster St, Houston, TX 77003