

**Prescription and Food Order Request Form**

(If you are submitting a request for more than one item, submit each request separately)

Your Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Name of Product Requested: \_\_\_\_\_

Size of Tablet (e.g. 100mg) or Bag Size: \_\_\_\_\_

Quantity: \_\_\_\_\_ (If this is a refill request, we will fill the same quantity as last time)

Date of order pickup: \_\_\_\_\_

If you want us to notify you when the order is ready, please indicate the best number to reach you at:

\_\_\_\_\_

\*Please allow 24 hours for a prescription refill and 24-48 hours for a food request.\*