



Veterinarian Drug Use Form

Client: _____

Veterinarian: _____

Address: _____

Address: _____

Signature: _____

License #: _____ State: _____

This drug authorization is to certify that the above client/account has been authorized to obtain and use, as needed, as I have informed them to use, the drug or drugs, which I have initialed below for the period of time specified.

Current Date: _____

Expiration Date: _____ (not to exceed one year)

----- Initial or check each appropriate block, or write in product name -----

Hormones:

Stimufol

Miscellaneous - Other Drugs (code and/or drug name)

_____ - _____

_____ - _____

_____ - _____