

Client/Producer Please Print

Name/ Farm Name _____

Address _____

City _____ State _____

Zip/Postal Code _____

Country _____

Phone () _____

Fax () _____

Patient Name _____

Client/Producer Signature _____

Date _____

Veterinarian Please Print

Current State License No. _____

Veterinarian's Name _____

Clinic Name _____

Address _____

City _____ State _____

Zip/Postal Code _____

Country _____

Phone () _____

Fax () _____

Veterinarian Signature _____

Date _____

Check One box only please:

- Generic Equivalent Allowed
- Dispense as Written (brand name only)

Please mark which drugs the Client/Producer can purchase; with unlimited refills.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Acepromazine | <input type="checkbox"/> Gentamicin |
| <input type="checkbox"/> Baytril | <input type="checkbox"/> Lidocaine |
| <input type="checkbox"/> Banamine Injectable | <input type="checkbox"/> Lutalyse |
| <input type="checkbox"/> Chorulon | <input type="checkbox"/> MU-SE |
| <input type="checkbox"/> Cystorelin | <input type="checkbox"/> Nuflor |
| <input type="checkbox"/> Estrumate | <input type="checkbox"/> OvaCyst |
| <input type="checkbox"/> Excenel | <input type="checkbox"/> Ovagen |
| <input type="checkbox"/> Factrel | <input type="checkbox"/> Oxytocin |
| <input type="checkbox"/> Fertagyl | <input type="checkbox"/> Pluset |
| <input type="checkbox"/> Flunixinamine | <input type="checkbox"/> Prostamate |
| <input type="checkbox"/> Foltropin | <input type="checkbox"/> Regu-Mate |

For Equine Use Only

- | | |
|---|---|
| <input type="checkbox"/> Deslorelin | <input type="checkbox"/> P&E |
| <input type="checkbox"/> Progesterone 160 mg/ml | <input type="checkbox"/> Estradiol Cypronate |
| <input type="checkbox"/> Progesterone 200 mg/ml | <input type="checkbox"/> Progesterone 300 mg/ml |

OFFICE USE ONLY

Clinic contacted on _____

Rx verified? Yes No _____

By whom? _____

Left a message; waiting on call-back _____

State Veterinary Board contacted on _____

License verified? Yes No _____

By whom? _____

Prescription expires _____

Please Read the following instructions carefully to avoid delays in processing your prescription form and orders.

Client/Producer: If you are not a veterinarian you must have a cooperating licensed veterinarian fill out and mail this original form to AGTECH prior to ordering. You will need to complete, sign and date the Client Box information.

Veterinarians: Veterinarians purchasing prescription drugs must mail this original form to AGTECH prior to ordering. You must provide your license number, name, address, phone number, signature and date, before this form can be validated. If you are completing this form for a client you must provide the information requested in the veterinarian section as well as check marking the drugs that your client is allowed to purchase.

The following applies to all customers wishing to purchase prescription pharmaceuticals.

- Federal U.S.A. law restricts prescription drugs (those listed with a Rx in this catalog) to be purchased by or on the written order of a licensed veterinarian.
- Federal U.S.A. law requires prescription information to be verified before any prescription pharmaceutical can be shipped.
- Please allow 24 hours to verify this information.
- Immediate legal action will be taken against any false/forged information provided.
- Prescriptions are valid for 12 months with unlimited refills.