Carranza Pharmacy
2421 Third Street
Hughson, CA 95326
CA Lic # 48548

Prescription Fax Form

The following individual has identified themselves as a client of _____ and wishes to purchase a prescription product from Vetmedicines.com.

Client:

Pet Name:

The Prescription product requested is:

Refills: _____

Directions for Use:

_____ _____
DVM / VMD Date

_____ _____
Print Name: Lic #

Please fill out the appropriate information above and fax back to our toll free number at: (888) 887-4909.

Thank You,
VetMedicines.com

Addition Information:

Please note: We only use FDA and EPA approved medications.