

JAT Pharmacy, LLC Prescription Authorization Form
Electronically Transmitted Prescription-Attach to E-Mail or Fax

Shipping (Default-Ground)	
Standard Ground	<input type="checkbox"/>
Next Day Air (\$18)	<input type="checkbox"/>

Customer Information (*required)			
Name*:		Phone Number:	
Address*:			
City*:		State*:	Zip Code*:
Patient Information *required			
Name*:		Species*:	Weight (Lbs):
Allergies: (None <input type="checkbox"/>)			
Medical Conditions/Other Pertinent Info:			

Drug Name	Strength	Weight-if applicable (ex. 5-9 lb)	Size (ex. 3 pk 6pk, Single Dose)	Dosage Form (ex. Tab)	Qty	Directions For Use	Item Number (on price list)	
Non-Prescription Products (will not have pharmacy issued prescription label unless indicated so)							Item Number (on price list)	Label Y/N

Veterinarian Information (*required)		Midwest Veterinary Supply Account Number:	
Name*:		Phone Number:	
Clinic Name (If applicable)*:		Phone Number*:	
Fax Number:			
Address*:			
City*:		State*:	Zip Code*:
E-Mail:			
State Issued License Number*:			

Veterinarian Signature*	Date*

Your signature represents that a valid Veterinarian-Client-Patient Relationship exists and authorizes JAT Pharmacy, LLC to dispense the above medication(s) to the above Customer and Patient.

JAT Pharmacy, LLC dispenses prescription medications to every U.S. state except: Alaska and Hawaii.

*****COD Notice***** JAT Pharmacy is unable to utilize COD as a payment method. If you prefer, you can put a credit card on file for this purpose. Please contact JAT Pharmacy, LLC to provide this information.

JAT Pharmacy, LLC
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