



CREATURE COMFORTS

VETERINARY HOSPITAL

## Prescription Refill Request

Please use the form below to request refills of medication or prescription food. This will save you time when picking up your order and allow us to confirm that the item is in stock. We will contact you when your order is ready to pick up. Please allow 24 hours for order processing.

Note: Some prescriptions may require an examination or blood work prior to refilling. This ensures that your pet is healthy enough to handle the potential side effects of some prescriptions and provides further confirmation that the medication is appropriate for your pet's current condition. If an examination or blood work is required, a staff member will contact you to schedule this. The required information has an asterisk.

**IMPORTANT:** Prescription refills and food orders are not confirmed until you have received notification. A staff member will contact you by phone or email.

First name\* \_\_\_\_\_ Last name\* \_\_\_\_\_

Email address\* \_\_\_\_\_

Best contact phone number\* \_\_\_\_\_

Pet Name\* \_\_\_\_\_

Medication or Food Name\* \_\_\_\_\_

Strength or Size\* \_\_\_\_\_

For medications, please indicate the amount you are giving daily, and how many times daily\* (for food enter a 1) \_\_\_\_\_

Quantity Requested\* (for canned food, enter number of cans) \_\_\_\_\_

Additional Comments

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Email: [admin@ccvh.com](mailto:admin@ccvh.com) or fax to 610-635-1187.