

**North East Farm & Family Mobile Veterinary Service, LLC  
Client Prescription/ Supply Order Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Shipping Address**

Street: \_\_\_\_\_ Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Details**

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

**Herd/Flock Details**

Species \_\_\_\_\_ Breed \_\_\_\_\_ Premise ID: \_\_\_\_\_

Qty \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_

**Request Details**

QTY	Item	QTY	Item	QTY	Item
_____	IV Calcium 500mL	_____	Banamine Paste 30g	_____	Flunixin Meglumine Inj. 100mL
_____	IV CMPK 500mL	_____	Bute Paste	_____	Thiamine 100mL
_____	CMPK Bolus 50ct	_____	Bute Powder 1.1lb	_____	Vitamin B Complex 150 100mL
_____	50% Dextrose 500mL	_____	Bute Powder 2.2 lb	_____	Lutalyse 30mL
_____	Glucaminyte Forte 1L Drench	_____	Meloxicam 15mg Tablets 100 count	_____	Lutalyse 100mL
_____	Kid/Lamb Feeding tube	_____	Albon Oral Suspension 5% 60mL	_____	Cystorelin 10mL
_____	Bovine BlueLite 2lb Bag	_____	Albon Oral Suspension 5% 473 mL	_____	Cystorelin 30mL
_____	Equine BlueLite Jel x 6 Tubes	_____	SMZ/TMPS 960mg 100 ct	_____	Factrel 20mL
_____	Triangle 10 HB 10 dose	_____	SMZ/TMPS 960mg 500 ct	_____	Factrel 50mL
_____	Triangle 10 HB 50 dose	_____	Tylan 200 100mL	_____	Fertagyl 10mL
_____	Inforce 3 IN 10 Dose	_____	Ceftiflex 1g	_____	Fertagyl 30mL
_____	Inforce 3 IN 25 Dose	_____	Ceftiflex 2g	_____	CIDR Cattle Singles
_____	Inforce 3 IN 50 Dose	_____	Norocillin 100mL	_____	CIDR Cattle Pack of 10
_____	Vista Once SQ 10 dose	_____	Oxytetracycline HCL Powder 3.6lb	_____	CIDR Sheep Singles
_____	Vista Once SQ 50 dose	_____	Valbazen Drench 500mL	_____	CIDR Sheep Pack of 20
_____	Once PMH IN 25 dose	_____	Valbazen Drench 1L	_____	CIDR Applicator Small Ruminant
_____	Vision CDT 50 dose	_____	Valbazen Drench 5L	_____	CIDR Applicator Cattle
_____	Vision 7 10 Dose	_____	Safe-Guard for Goats 125mL	_____	12mL LL Syr 80 count box
_____	Vision 7 50 Dose	_____	Bo-Se 100mL	_____	60mL LL syr
_____	Vision 7 250 Dose	_____	MultiMin 90 100mL	_____	19g x 1.5 inch Needles box of 100
_____	Cavalry 9 10 Dose	_____	Bio-Sponge Powder 1/2 lb	_____	22x1 Needle w/3cc LL Syr 100 ct box
_____	Cavalry 9 50 Dose	_____	Bio-Sponge Powder 4lb tub	_____	Sterile water for Injection 250mL
_____	Clostr. Perfringens C&D Antitoxin 250mL	_____	Bio-Sponge Powder 150 capsules	_____	Saline 250mL
_____	Tetanus Antitoxin 1500 units x 10	_____	GastroGard Healing Pack 28 Tubes	_____	Lactated Ringers 1000mL

**By signing below, I agree to use these items as prescribed or directed by Dr. Taryn Pearson solely for the use with the animal, herd/flock referenced above. I understand that failure to abide by these rules will result in forfeiture of future prescriptions/refills/orders from North East Farm & Family Mobile Veterinary Service, LLC.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

For Official Use Only
Approval Code: _____