



Client / Producer (Please fill in ALL fields before printing)

Name / Farm Name:	
Address:	
City:	
State:	Zip Code:
Phone:	Fax:
Client / Producer Signature:	
Date:	

Please read the following instructions to avoid any delays in processing your prescription order.

Client / Producer: If you are not a licensed veterinarian you must have a cooperating licensed veterinarian complete and fax, mail or email this original form to Bovine Elite to complete your order. You will need to complete and sign the Client section.

Veterinarian (Please fill in ALL fields before printing)

Current State License No.	
Veterinarian's Name:	
Clinic Name:	
Address:	
City:	
State:	Zip Code:
Phone:	Fax:
Veterinarian Signature:	
Date:	

Veterinarians purchasing prescription drugs must fax, mail or email this original form to Bovine Elite to complete your order. Please complete the section for Veterinarians. If completing this form for a client, check the drugs and quantities that the client is allowed to purchase.

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

Federal USA law restricts prescription drugs to be purchased by or on the written order of a licensed veterinarian. In addition, Federal USA Law requires prescription information to be verified before any prescription pharmaceutical can be shipped.
Please allow Bovine Elite time to verify this information and complete your order.

****Please mark which drugs the Client / Producer can purchase:**

Product	Dose(s)		Select Quantity
	<i>(Click Dose amount)</i>		
Cystorelin	5 Dose	15 Dose	
Lutalyse	6 Dose	20 Dose	
Estrumate	10 Dose	50 Dose	