

Prescription Verification Checklist

General Requirements

- Date of issue - within 6 months of dispensing
- Veterinarian's full name
- Veterinarian's Address & Phone Number
- Veterinarian's license number
- Patient name/identification number/herd number
- Client's name and address
- Number of refills

Items That Must Match Drug Label Exactly

- Brand Name/Active Ingredient
- Drug Strength
- Species/ production class if applicable
- Indication
- Dose
- Route of administration
- Frequency of administration
- Treatment duration/ number of doses
- FDA approved Withdrawal Time
- Quantity/volume to be dispensed