

## **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

\*All corrections to prescriptions must be submitted in writing, per California Code of Regulations §5010 (b). Corrections may not be submitted verbally to QI's.