### 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.*