



Prescription Refill Request

Please fill out the following information completely. Please allow 24 hours for your prescription to be approved and filled. If we are unable to fill the prescription request for any reason, or have questions, we will contact you at the phone number provided. If you require your prescription sooner, please call us at (813) 254-3031.

Pet Name: _____

First Name: _____ Last Name: _____

Address: _____ Address 2: _____

City: _____ State: FL Zip Code: _____

E-Mail Address: _____

Primary Phone Number: (____) _____ Alternate Phone: (____) _____

Medication(s) Requested: _____

Prescription Diet Requested: _____

Please mail* I will pick up

(*Please note, not all prescriptions can be mailed. All requests for food must be picked up)

If we have not examined your pet within one year of your request, we regret we will not be able to fulfill your request, due to state law. Please call us at (813) 254-3031 to schedule an exam so we may be able to assess if a change in medication may be necessary.

We thank you for choosing Tampa Veterinary Hospital.