



## Heartland Vet Supply & Pharmacy Prescription Policy



**PLEASE NOTE...** Before we can ship a prescription product, we must have your signed prescription. Prescription products are generally shipped 24 hours after the signed prescription form is received. **Prescription Items are Not Returnable.** Prescriptions are filled for animal use only written by a doctor of veterinarian medicine. No prescriptions will be filled for human use.

### It's easy to order prescriptions!

*We'll help you every step of the way*

- 1 Place your order online or call us.** Your order will ship after we receive the prescription.
- 2 Let us know how we will receive your animal's prescription,** if it's not already on file with us. Choose from one of the following options:
  - Send us the original prescription by mail. Sorry, but we cannot accept Rx's faxed directly from the client.
    - Mail to 401 W 33rd Street • Hastings, NE 68901
  - Ask your veterinarian to fax (888-424-0484), email pdf or jpeg (info@heartlandvetsupply.com) or call (800-934-9398) in the prescription to our pharmacy.
  - **Let us contact your veterinarian** for you for prescription authorization.
    - Send us your veterinarian's phone and fax number
- 3 Done!** We will send you an email when your animal's prescription has been shipped.

All prescriptions are good for one year from date on the prescription form or until refills have been filled.

**IMPORTANT:** Please do not attempt to fax a prescription yourself (unless you are a vet). We can only accept faxed prescriptions directly from the vet's office. You must provide us with the following information unless you mail us the original prescription: Vet Clinic Name, Clinic Phone Number, Clinic Fax Number and your Pets Name. Without all this information, we cannot process your order.

### ***WE ARE NOT THE BIGGEST PHARMACY, BUT WE STRIVE TO BE THE BEST!***

**Heartland Veterinary Supply** is a fully licensed pharmacy with a licensed pharmacist and veterinarians on staff.

You can rest assured that the medications we offer are exactly the same ones you would receive from your family veterinarian. All compounded products are put together in a human top grade compounding pharmacy.

**Name on License:**  
Heartland Veterinary Pharmacy

**Telephone:**  
800-934-9398

**Owner/Manager:**  
Heartland Veterinary Supply Inc.

**License Type Community  
Pharmacy License  
License Number: 2740**

**Address on License:**  
401 W 33rd St.  
Hastings Nebraska 68901

**Date of Expiration: 07/01/2012**



**Doug, Pharmacist**

**Please make copies of RX Form for future prescription requests.  
Download form at our site: [www.heartlandvetsupply.com](http://www.heartlandvetsupply.com)**

## Prescription Request Form Only

Our mutual client listed below has placed an order for their pet's medication.  
This form can be completed then faxed, emailed or phoned back directly to our pharmacy.  
THANK YOU for your attention to this request in such a timely manner!

**\*Owner requests medication(s) listed below — no substitutions of medications listed below will occur unless authorized by the owner and/or veterinarian.**



**Pet Owner Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_ **Check Here if Owner is Over Age 18** \_\_\_\_\_

**Complete Address** \_\_\_\_\_ **Pending Order # (If Available)** \_\_\_\_\_

\_\_\_\_\_  **Customer requests no generic substitutions**

\_\_\_\_\_

**Please list any other medications (including OTC products) your pet is currently taking:** \_\_\_\_\_

### To be filled out by Prescribing Veterinarian:

**Animal Name** \_\_\_\_\_ **Species** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Significant Medical Conditions** \_\_\_\_\_

**Medication Prescribed** \_\_\_\_\_ **Qty** \_\_\_\_\_ **Refills** \_\_\_\_\_

**Directions of Use** \_\_\_\_\_

**Dispense as written (generic substitution OK unless this box is checked)**

**Animal Name** \_\_\_\_\_ **Species** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Significant Medical Conditions** \_\_\_\_\_

**Medication Prescribed** \_\_\_\_\_ **Qty** \_\_\_\_\_ **Refills** \_\_\_\_\_

**Directions of Use** \_\_\_\_\_

**Dispense as written (generic substitution OK unless this box is checked)**

### Prescribing Veterinarian Information

**(Please fill in completely. Orders can and will be subject to delay if not filled out with correct contact information.)**

**Veterinarian's Name** \_\_\_\_\_ **State License#** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

(print clearly)

**Clinic Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Complete Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**If you are NOT going to authorize this prescription for this client, please check this box and fax, email or phone us. We will then contact your client and let them know the request has been denied.**