

# Rx *Compounded* Products Prescription Form

Make a Copy for Future Prescriptions • This is NOT an Order Form



May take 3-4 days to process order as these products are compounded per request.

Please Print

CLIENT \_\_\_\_\_ ANIMAL NAME \_\_\_\_\_ PHONE ( \_\_\_\_ ) - \_\_\_\_\_

ANIMAL

NAME

PHONE ( \_\_\_\_ ) - \_\_\_\_\_

Veterinarian (Print) _____	Signature _____
Address _____	City _____ State _____ Zip _____
Telephone ( ____ ) - _____	State _____ License No. _____ Date _____

- 1) Check the box by the products you wish to have a prescription.
- 2) Your veterinarian MUST mark size, quantity and number of refills (PRN = per as needed).
- 3) Your veterinarian MUST complete, date and sign the veterinarian information form in the box above.
- 4) Your veterinarian MUST fax this copy to 1-888-424-0484 or mail to Heartland Veterinary Supply, 401 W 33rd St., Hastings, NE 68901. If you have any questions call 1-800-934-9398. **Sending in only the prescription without an order does not constitute an order. An order must also be submitted either by mail, fax, phone, or it can be placed online at [www.heartlandvetsupply.com](http://www.heartlandvetsupply.com).** Prescriptions are good for one year from date of veterinarian's signature or until fully filled, whichever comes first. ***PRESCRIPTION ITEMS CANNOT BE RETURNED***

	# of Refills		# of Refills
<b><i>EPM Treatment</i></b>		<b><i>Oral Fungicide</i></b>	
<input type="checkbox"/> #C-3002 Sulfadiazine/Pyrimethamine 950ml (30-day supply) Oral Suspension _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-339110 Griseofulvin — 2.5mg/10gm _____	0 1 2 3 4 PRN
<b><i>Equine Cushing Disease</i></b>		<b><i>HYPP</i></b>	
<input type="checkbox"/> #C-3006 Cyproheptadine Powder 100mg/Scoop (30 scoops) _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-32825 Acetazolamide 2.5gm/scoop (60 scoops) _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3007 Cyproheptadine Syrup 100mg/ml, 240ml _____	0 1 2 3 4 PRN	<b><i>Tapeworm Meds</i></b>	
<input type="checkbox"/> #C-300830 Pergolide 1mg/ml, 30ml _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-1007100 Ivermec/Praziquantel — 100ml _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3008100 Pergolide 1mg/ml, 100ml _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-1007200 Ivermec/Praziquantel — 200ml _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3008 Pergolide Powder 1mg/Scoop (50 scoops) _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-1007500 Ivermec/Praziquantel — 500ml _____	0 1 2 3 4 PRN
<b><i>Breeding &amp; Reproductive</i></b>		<input type="checkbox"/> #C-1007G Ivermec/Praziquantel — 3840ml _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-354001 Deslorelin 1.5mg/ml, 1ml, 1 dose _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-100TP Praziquantel Liquid 45mg/ml, 100ml _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-354005 Deslorelin 1.5mg/ml, 5ml, 5 doses _____	0 1 2 3 4 PRN	<b><i>Calming Agents</i></b>	
<input type="checkbox"/> #C-3264 Medroxy Progesterone 150mg/ml, 30ml Injectable _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-3215 Acepromazine Powder Vanilla Flavor — 250mg/sc 250mg/Scoop (40 scoops) _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3264100 Medroxy Progesterone 150mg/ml, 100ml Injectable _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-3214 Acepromazine Powder — 135mg/scoop 135mg/Scoop (60 scoops) _____	0 1 2 3 4 PRN
<b><i>Gastric Ulcer</i></b>		<input type="checkbox"/> #C-3516 Guanabenz — 4mg/ml, 100ml _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3313120 Omeprazole Liquid — 120ml _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-351510 Reserpine — 2.5mg/ml, 10ml _____	0 1 2 3 4 PRN
<b><i>Pain &amp; Inflammation</i></b>		<b><i>Anti-Histamine</i></b>	
<input type="checkbox"/> #C-3330 Isoxsuprine Powder 500mg/Scoop (100 scoops) _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-2929 Hydroxyzine HCL 600mg/Scoop (80 scoops) _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3170 Dexamethasone Powder 10mg/5gm Packet _____	0 1 2 3 4 PRN	<b><i>Lactation Stimulation</i></b>	
<input type="checkbox"/> #C-3152 Flunixin Meglumine Granules (Banamine) 500mg/5gm Packet _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-326325 Domperidone Paste — 5 ds _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-3180 Trichloromethiazide/Dexamethasone (Naquasone) 200mg/5mg Packet _____	0 1 2 3 4 PRN	<b><i>Antibacterial</i></b>	
<b><i>Joint Enhancements</i></b>		<input type="checkbox"/> #C-3328S Rifampin Liquid Suspension 100mg/ml Syrup, 480ml _____	0 1 2 3 4 PRN
<input type="checkbox"/> #C-32470 Acetyl-D-Glucosamine for IM or IV 100mg/ml, 100ml _____	0 1 2 3 4 PRN	<input type="checkbox"/> #C-3052300 Azithromycin 100mg/ml, 300ml _____	0 1 2 3 4 PRN
		<input type="checkbox"/> #C-30521 Azithromycin 100mg/ml, 1000ml _____	0 1 2 3 4 PRN
		<input type="checkbox"/> #C-3217 Doxycycline Powder — 140gm Jar 2.5gms/Scoop (56 scoops) _____	0 1 2 3 4 PRN

# Equine Heartland Pharmacy Prescription Form

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**Please Print**  
**CLIENT** \_\_\_\_\_ **ANIMAL NAME** \_\_\_\_\_ **PHONE ( \_\_\_\_ ) - \_\_\_\_\_**

<b>Veterinarian (Print)</b> _____	<b>Signature</b> _____
<b>Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Telephone ( ____ ) - _____</b>	<b>State</b> _____ <b>License No.</b> _____ <b>Date</b> _____

- 1) Your veterinarian MUST mark size, quantity and number of refills (PRN = per as needed).
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ID #	Product	Fills	# of Refills	ID #	Product	Fills	# of Refills
3215251	Acepromazine 25mg 100's Tabs	_____	0 1 2 3 4 PRN	3312	Cimetidine 400mg 100's Tabs	_____	0 1 2 3 4 PRN
3215255	Acepromazine 25mg 500's Tabs	_____	0 1 2 3 4 PRN	33120	Cimetidine 800mg 100's Tabs	_____	0 1 2 3 4 PRN
3215	Acepromazine 50ml	_____	0 1 2 3 4 PRN	3311	Cimetidine Liquid 300mg/5ml 240ml	_____	0 1 2 3 4 PRN
3280	Acetazolamide 250mg 100's Tabs	_____	0 1 2 3 4 PRN	28999100	Ciprofloxacin 250mg 100's Tabs	_____	0 1 2 3 4 PRN
3032	Adequan 100mg/ml 5ml Inj	_____	0 1 2 3 4 PRN	28999500	Ciprofloxacin 500mg 100's Tabs	_____	0 1 2 3 4 PRN
3033	Adequan 100mg/ml 50ml Inj	_____	0 1 2 3 4 PRN	336760	Clarithromycin 500mg 60's	_____	0 1 2 3 4 PRN
36864	Albuterol Sulfate 4mg 100's Tabs	_____	0 1 2 3 4 PRN	3189	Depo-Medrol 20mg 10ml Inj	_____	0 1 2 3 4 PRN
36865	Albuterol Sulfate 4mg 500's Tabs	_____	0 1 2 3 4 PRN	3190	Depo-Medrol 20mg 20ml Inj	_____	0 1 2 3 4 PRN
3086	Amikacin Sulfate 250gm/ml 48ml bottle	_____	0 1 2 3 4 PRN	3191	Depo-Medrol 40mg 5ml Inj	_____	0 1 2 3 4 PRN
3085	Amikacin Sulfate 50mg/ml 50ml bottle	_____	0 1 2 3 4 PRN	3135	Depo-Testosterone 100mg/ml 10ml	_____	0 1 2 3 4 PRN
30582	Amipicillin Sodium 2gm 20ml (IV Use)	_____	0 1 2 3 4 PRN	6159	Dermachlor K Spray 8 oz	_____	0 1 2 3 4 PRN
3358	Amoxicillin Capsules 500mg 500's	_____	0 1 2 3 4 PRN	3170	Dexamethasone 2mg 100ml Inj	_____	0 1 2 3 4 PRN
2948	Amoxicillin Oral Liquid 250mg/5ml 150ml	_____	0 1 2 3 4 PRN	3175	Dexamethasone 4mg 100ml Inj	_____	0 1 2 3 4 PRN
6215C	Animax Cream 15gm	_____	0 1 2 3 4 PRN	3174	Dexamethasone 4mg 30ml Inj	_____	0 1 2 3 4 PRN
6213C	Animax Cream 7.5gm	_____	0 1 2 3 4 PRN	3205	Dormosedan 20ml	_____	0 1 2 3 4 PRN
6215A	Animax/Dermalone Oint 15ml	_____	0 1 2 3 4 PRN	3200	Dormosedan 5ml	_____	0 1 2 3 4 PRN
6219A	Animax/Dermalone Oint 240ml (8oz)	_____	0 1 2 3 4 PRN	32185	Doxycycline 100mg 500's Caps	_____	0 1 2 3 4 PRN
6217A	Animax/Dermalone Oint 30ml	_____	0 1 2 3 4 PRN	32183	Doxycycline 100mg 50's Caps	_____	0 1 2 3 4 PRN
3145	Banamine 100ml Inj	_____	0 1 2 3 4 PRN	3217500	Doxycycline 100mg 500's Tabs	_____	0 1 2 3 4 PRN
3150	Banamine 250ml Inj	_____	0 1 2 3 4 PRN	321750	Doxycycline 100mg 50's Tabs	_____	0 1 2 3 4 PRN
3130	Banamine Paste 30gm	_____	0 1 2 3 4 PRN	3028	E SE Inj 100ml	_____	0 1 2 3 4 PRN
29001	Baytril Inj 100ml	_____	0 1 2 3 4 PRN	3294	Epinephrine 30ml Vial	_____	0 1 2 3 4 PRN
29002	Baytril Inj 250ml	_____	0 1 2 3 4 PRN	3297	EqStim Immunostimulant 50ml	_____	0 1 2 3 4 PRN
33098	Buscopan Inj 50ml Solution	_____	0 1 2 3 4 PRN	3295	EqStim Immunostimulant 5ml	_____	0 1 2 3 4 PRN
3120	Bute 100ml Inj	_____	0 1 2 3 4 PRN	21530	Equine Rotavirus Vaccine 10 Dose Vial	_____	0 1 2 3 4 PRN
3110	Bute Paste 12gm	_____	0 1 2 3 4 PRN	3109	Equiox Single Dose Syringe	_____	0 1 2 3 4 PRN
3110A	Bute Paste 12gm Apple	_____	0 1 2 3 4 PRN	3545	Estrumate 20ml	_____	0 1 2 3 4 PRN
3115100A	Bute Powder 100gm Apple	_____	0 1 2 3 4 PRN	3245	EstruPlan 20ml	_____	0 1 2 3 4 PRN
3115100F	Bute Powder 100gm Citrus	_____	0 1 2 3 4 PRN	3340100	Flucort Flumethasone .5mg/ml 100ml Inj	_____	0 1 2 3 4 PRN
3115	Bute Tablets 1gm 100's	_____	0 1 2 3 4 PRN	31455	Flumeglumine 100ml Inj	_____	0 1 2 3 4 PRN
3513	Carbocaine V 2% 50ml	_____	0 1 2 3 4 PRN	31505	Flumeglumine 250ml Inj	_____	0 1 2 3 4 PRN
352300	Cefazolin 10gm 100ml	_____	0 1 2 3 4 PRN	321505	Fluphenazine Deconoate Inj 25mg/ml 5ml	_____	0 1 2 3 4 PRN
30691	Ceftiflex Ceftiofur 1gm	_____	0 1 2 3 4 PRN	3313	GastroGard 2.28g Paste	_____	0 1 2 3 4 PRN
30694	Ceftiflex Ceftiofur 4gm	_____	0 1 2 3 4 PRN	332725	Gel 50 20mg/ml 50mg/2.5ml	_____	0 1 2 3 4 PRN
2915	Cephalexin 500mg 100's Caps	_____	0 1 2 3 4 PRN	332750	Gel 50 5mg/ml 50mg/10ml	_____	0 1 2 3 4 PRN
2916	Cephalexin 500mg 500's Caps	_____	0 1 2 3 4 PRN	322140	Generic Lasix 40mg 1000's Tabs	_____	0 1 2 3 4 PRN
2950100	Chloramphenicol (Viceton) 1gm 100's	_____	0 1 2 3 4 PRN	6260	Gentocin Ophthalmic Oint 1/8 oz	_____	0 1 2 3 4 PRN
3034	Chondroprotec PSGAG 10ml Inj	_____	0 1 2 3 4 PRN	6263	Gentocin Ophthalmic Sol 5ml	_____	0 1 2 3 4 PRN
3310	Cimetidine 300mg 100's Tabs	_____	0 1 2 3 4 PRN	620902	GenOne Spray 120ml	_____	0 1 2 3 4 PRN

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**CLIENT** \_\_\_\_\_ **ANIMAL NAME** \_\_\_\_\_ **PHONE ( \_\_\_\_ ) -** \_\_\_\_\_

Product	Fills	# of Refills	Product	Fills	# of Refills
620904 GenOne Spray 240ml	_____	0 1 2 3 4 PRN	3255 Regumate 1000ml	_____	0 1 2 3 4 PRN
3070 Gentomycin 100mg/ml, 100ml	_____	0 1 2 3 4 PRN	3328 Rifampin 300mg 100's Caps	_____	0 1 2 3 4 PRN
3072 Gentomycin 100mg/ml, 250ml	_____	0 1 2 3 4 PRN	332860 Rifampin 300mg 60's Caps	_____	0 1 2 3 4 PRN
620902 Gentocin Ophthalmic Spray 120ml	_____	0 1 2 3 4 PRN	3300 Rubleola Virus Immunomodulator 12ml	_____	0 1 2 3 4 PRN
3270 HCG-Chorulan 10,000 Unit 10ml	_____	0 1 2 3 4 PRN	322150 Salix 50mg 500's Tabs	_____	0 1 2 3 4 PRN
332710 Hycoat 50mg, 10ml Inj	_____	0 1 2 3 4 PRN	3221 Salix Inj 50ml	_____	0 1 2 3 4 PRN
2928 Hydroxyzine HCL 50mg 100 Tabs	_____	0 1 2 3 4 PRN	320520 Sedivet 1% Inj 20ml	_____	0 1 2 3 4 PRN
2929 Hydroxyzine HCL 50mg 1000 Tabs	_____	0 1 2 3 4 PRN	32971 Settle 1.5ml Vial	_____	0 1 2 3 4 PRN
2925251 Hydroxyzine Pamoate 25mg 100 Caps	_____	0 1 2 3 4 PRN	9519 Sterile Saline Solution 1000ml Bag	_____	0 1 2 3 4 PRN
2925255 Hydroxyzine Pamoate 25mg 500 Tabs	_____	0 1 2 3 4 PRN	9522 Sterile Saline Solution 1000ml Bottle	_____	0 1 2 3 4 PRN
2925501 Hydroxyzine Pamoate 50mg 100 Caps	_____	0 1 2 3 4 PRN	9520 Sterile Saline Solution 250ml Bottle	_____	0 1 2 3 4 PRN
2925505 Hydroxyzine Pamoate 50mg 500 Caps	_____	0 1 2 3 4 PRN	9521 Sterile Saline Solution 500ml Bottle	_____	0 1 2 3 4 PRN
3323 Hylarten V 10mg/ml 2ml Inj	_____	0 1 2 3 4 PRN	1025 Stongid T Liquid 32oz	_____	0 1 2 3 4 PRN
3168500 Ibuprofen 800mg 500's	_____	0 1 2 3 4 PRN	3309 Sucralfate/Carafate 1gm 100's Tabs	_____	0 1 2 3 4 PRN
3035 IChON 100mg/ml 5ml Inj	_____	0 1 2 3 4 PRN	33090 Sucralfate/Carafate 1gm 500's Tabs	_____	0 1 2 3 4 PRN
3119 Isoniazid 300mg 100's	_____	0 1 2 3 4 PRN	3045 Sulfameth/Trimeth (SMZ's) 960mg 100's	_____	0 1 2 3 4 PRN
3330 Isoxsuprine 20mg 1000's Tabs	_____	0 1 2 3 4 PRN	3046 Sulfameth/Trimeth (SMZ's) 960mg 500's	_____	0 1 2 3 4 PRN
316510 Kenalog 10mg/ml 5ml Inj	_____	0 1 2 3 4 PRN	3129124 Surpass Topical Cream 124gm	_____	0 1 2 3 4 PRN
3391200 Ketoconazole 200mg 100's	_____	0 1 2 3 4 PRN	3317 Thiamine B1 200mg, 100ml	_____	0 1 2 3 4 PRN
3195 Ketofen 100mg/ml 100ml Inj	_____	0 1 2 3 4 PRN	3318 Thiamine B1 500mg, 100ml	_____	0 1 2 3 4 PRN
319550 Ketofen 100mg/ml 50ml Inj	_____	0 1 2 3 4 PRN	417910 Thyroid Supplement 10lb	_____	0 1 2 3 4 PRN
1880 Lactated Ringers 1000ml Bag	_____	0 1 2 3 4 PRN	41791 Thyroid Supplement 1lb	_____	0 1 2 3 4 PRN
1881 Lactated Ringers 1000ml Bottle	_____	0 1 2 3 4 PRN	4183 Thyro-L Powder 10lb	_____	0 1 2 3 4 PRN
1882 Lactated Ringers 3000ml Bag	_____	0 1 2 3 4 PRN	4182 Thyro-L Powder 1lb	_____	0 1 2 3 4 PRN
3320 Legend 20mg, 2ml Inj (joints)	_____	0 1 2 3 4 PRN	30903 Timentin (ticarcillin) 3gm	_____	0 1 2 3 4 PRN
33255 Legend 40mg, 20ml Inj (IV use)	_____	0 1 2 3 4 PRN	3040 Tribissen Paste 37.5gm	_____	0 1 2 3 4 PRN
3325 Legend 40mg, 4ml Inj (IV use)	_____	0 1 2 3 4 PRN	9525 Tri-Hist Granules 20oz	_____	0 1 2 3 4 PRN
3225 Lidocaine 100ml	_____	0 1 2 3 4 PRN	952505 Tri-Hist Granules 5lb	_____	0 1 2 3 4 PRN
3030 Liver 7 100ml	_____	0 1 2 3 4 PRN	6100 Triple Anti HYDROcortisone Oint 1/8oz	_____	0 1 2 3 4 PRN
3333 Lutalyse 30ml	_____	0 1 2 3 4 PRN	352420 Tucoprim 2000gm	_____	0 1 2 3 4 PRN
3333100 Lutalyse 100ml	_____	0 1 2 3 4 PRN	352440 Tucoprim 400gm	_____	0 1 2 3 4 PRN
3326 Map-5 5mg/ml 10ml Inj	_____	0 1 2 3 4 PRN	30494 Uniprim 400gm Tub	_____	0 1 2 3 4 PRN
300200 Marquis 127gm Paste	_____	0 1 2 3 4 PRN	3049200 Uniprim 1200gm Packet	_____	0 1 2 3 4 PRN
3105100 Methocarbamol 500mg 100's	_____	0 1 2 3 4 PRN	30495 Uniprim 200gm Jar	_____	0 1 2 3 4 PRN
3105 Methocarbamol 500mg 500's	_____	0 1 2 3 4 PRN	3049 Uniprim 37.5gm Packet	_____	0 1 2 3 4 PRN
3106100 Methocarbamol 750mg 100's	_____	0 1 2 3 4 PRN	3201 Ventipulmin 100ml	_____	0 1 2 3 4 PRN
3106500 Methocarbamol 750mg 500's	_____	0 1 2 3 4 PRN	32010 Ventipulmin 330ml	_____	0 1 2 3 4 PRN
6104120 Micaved Lotion 1% 120ml Spray	_____	0 1 2 3 4 PRN	32014 Ventipulmin 460ml	_____	0 1 2 3 4 PRN
6104240 Micaved Lotion 1% 240ml Spray	_____	0 1 2 3 4 PRN	3165 Vetalog 2mg 100ml Inj	_____	0 1 2 3 4 PRN
3065 Naxcel 1gm	_____	0 1 2 3 4 PRN	3163 Vetalog 6mg 3ml Inj	_____	0 1 2 3 4 PRN
3067 Naxcel 4gm	_____	0 1 2 3 4 PRN	3025 Vitamin 15 Triple Crown 100ml	_____	0 1 2 3 4 PRN
3240 Oxytocin 100ml	_____	0 1 2 3 4 PRN	3615 Vitamin B Complex 150 100ml	_____	0 1 2 3 4 PRN
1035 Panacur Liquid 1000ml	_____	0 1 2 3 4 PRN	3015 Vitamin B-12 1000mcg, 100ml	_____	0 1 2 3 4 PRN
3233 Pentoxifylline 400mg 100's	_____	0 1 2 3 4 PRN	3020 Vitamin B-12 3000mcg, 100ml	_____	0 1 2 3 4 PRN
3233500 Pentoxifylline 400mg 500's	_____	0 1 2 3 4 PRN	3023 Vitamin B-12 5000mcg, 100ml	_____	0 1 2 3 4 PRN
332510 Polyglycan (Medical Device) 10ml	_____	0 1 2 3 4 PRN	4302 Vitamin C 250mg 250ml	_____	0 1 2 3 4 PRN
3534 Potassium Penicillin G 20 mil units/100ml	_____	0 1 2 3 4 PRN	3028 Vitamin E SE 100ml	_____	0 1 2 3 4 PRN
3340 Predef 2X 2mg 100ml Inj	_____	0 1 2 3 4 PRN	3212 Xylazine 50ml	_____	0 1 2 3 4 PRN
3015500 Prednisolone 20mg 500's	_____	0 1 2 3 4 PRN	335818 Zithromycin (Zithromax) 250mg 18ct	_____	0 1 2 3 4 PRN
3013 Prednisone 20mg 1000's	_____	0 1 2 3 4 PRN	3358500T9 Zithromycin (Zithromax) 500mg 9ct	_____	0 1 2 3 4 PRN
3011 Prednisone 20mg 100's	_____	0 1 2 3 4 PRN	95252 Zylexis 2ml	_____	0 1 2 3 4 PRN
3014 Prednisone 20mg 500's	_____	0 1 2 3 4 PRN	Other _____	_____	0 1 2 3 4 PRN
3334 ProstaMate 30ml	_____	0 1 2 3 4 PRN	Other _____	_____	0 1 2 3 4 PRN
333490 ProstaMate 90ml	_____	0 1 2 3 4 PRN	Other _____	_____	0 1 2 3 4 PRN
2949 Ranitidine 300mg 100's Tabs	_____	0 1 2 3 4 PRN	Other _____	_____	0 1 2 3 4 PRN
2949250 Ranitidine 300mg 250's Tabs	_____	0 1 2 3 4 PRN	Other _____	_____	0 1 2 3 4 PRN