

Pet Medicals Discount Healthcare 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.**

Step 1: Complete required information as stated on form.

Step 2: The Nebraska Board of Pharmacy requires us to follow these guidelines for receiving signed prescriptions:

Customers

**Mail original (no copies or faxes will be accepted) to:
401 W 33rd Street • Hastings, NE 68901**

OR

Your Veterinarian Can

Call 800-934-9398

Fax to 888-424-0484

Email (pdf or jpeg) to info@heartlandvetsupply.com

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.

**Pet Medicals Discount Healthcare/Heartland Veterinary Pharmacy
Lic# 2740**

Fax: 888-424-0484 • Phone: 800-934-9398 • info@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!**

Order # _____ Date Faxed _____

Pet Owner Name _____ #1 Animal Name _____ Species _____

Address _____ #2 Animal Name _____ Species _____
_____ #3 Animal Name _____ Species _____

Phone _____ #4 Animal Name _____ Species _____

To be filled out by Prescribing Veterinarian

Medication _____ Animal(s) _____

Directions of Use _____ Refills _____

Medication _____ Animal(s) _____

Directions of Use _____ Refills _____

Medication _____ Animal(s) _____

Directions of Use _____ Refills _____

Prescribing Veterinarian Information

Name _____ Signature _____
(print clearly)

Address _____ Phone _____
_____ Fax _____

State License# _____ Expiration Date _____

**If you are not going to verify 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.**