



Phone 1.866.986.9404

Fax 920.569.0112

Email: pharmacy@armorah.com

Armor Livestock Pharmacy
 1240 Green Valley Rd Beaver Dam, WI 53916

RX REQUEST

Farm Name: _____
 Customer Name: _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____

SIGNATURE OF APPROVING VET: _____ **Date:** _____
Vet Name: _____ **Vet License Number:** _____
Clinic Name: _____ **Vet License Exp. Date:** _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Fax Number: _____

Please complete the form below, sign and fax back to Armor Livestock Pharmacy (ALP). Thank You.

Drug	Dosage Directions	Refill	Written Qty	Milk withhold	Meat withhold	Animal Group-Please circle	Expiration date
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	
						Adult Dairy cattle, Youngstock, Beef, Dairy, Veal or Other-Specify	

We would like to thank you for giving us the opportunity to work with you by providing prescriptions to your clients.

ARMOR Livestock Pharmacy provides a Prescription Usage Report to each prescribing veterinarian. This report lists all the prescription drugs that you have prescribed for your client and the quantity of each drug used during the current prescription period.

1. How often would you like to receive this report?

Monthly Quarterly or Yearly

2. Email address to receive the report?

Email / Email Address: _____

If at any time you have any questions or even suggestions please feel free to contact us.