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# PRESCRIPTION OF ANTIMICROBIALS

DIGITAL VIA | Validate on  
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## PATIENT

Animal: Owner:  
Species: Passport/social security number:  
Weight: Address:

Name of drug or substance prescribed:

Dose or concentration:

Pharmaceutical:

Means of medicating:

Dosage:

Amount:

Period of treatment:

Note.:

Name of drug or substance prescribed:

Dose or concentration:

Pharmaceutical:

Means of medicating:

Dosage:

Amount:

Period of treatment:

Note.:

Name of drug or substance prescribed:

Dose or concentration:

Pharmaceutical:

Means of medicating:

Dosage:

Amount:

Period of treatment:

Note.:

## ISSUER IDENTIFICATION

Veterinarian:

CRMV:

UF:

Address:

Neighborhood:

City:

FU:

Phone:

Date:

Signature

## SUPPLIER IDENTIFICATION

Pharmaceutical:

Pharmacy:

Address:

City:

FU:

ENI:

Phone:

Pharmacist's signature



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### DATA OF DISPENSED PRODUCTS:

Drug name:

Laboratory:

Lot number:

Prescription registration number in the prescription book: (when compounded medicine)

Units:

Drug name:

Laboratory:

Lot-number:

Prescription registration number in the prescription book: (when compounded medicine)

Units:

Drug name:

Laboratory:

Lot-number:

Prescription registration number in the prescription book: (when compounded medicine)

Units:

### FOR MANUAL DISPENSING

Date:

Buyer's Signature: \_\_\_\_\_

Pharmacist's signature: \_\_\_\_\_