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SPECIAL CONTROL PRESCRIPTION

DIGITAL VIA | Validate on
<https://validar.iti.gov.br/>

ISSUER IDENTIFICATION

Veterinarian:

CRMV:

UF:

Address:

Neighborhood:

City:

FU:

Phone:

Date:

Signature

PATIENT

Animal:

Owner:

Species:

Passport/social security number:

Weight:

Address:

PRESCRIPTION

BUYER IDENTIFICATION

Full name:

Passport/social security number:

Address:

City:

FU:

Phone:

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:

Units:

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

Drug name:

Laboratory:

Lot number:

Units:

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

Drug name:

Laboratory:

Lot number:

Units:

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

FOR MANUAL DISPENSING

Date:

Buyer's Signature: _____

Pharmacist's signature: _____