



CD Requisition Form (Schedules 2 & 3)

A Supplier Details

Invoice No.: **Covetrus fills out** NHS Account Number / Wholesale Dealer Licence / HO CD Licence No.: **538270**

Supplier's Stamp: Name of Business: **AH UK Animal Health (Pvt) Ltd** Telephone: **01387274700**

Address Line 1: **College Mains Road**

Address Line 2:

Address Line 3: **Dumfries** Postcode: **DG2 0NU**

B Controlled Drugs Requisitioned and Purpose

Drug Name	Strength and Unit of Measure	Form	Quantity
Example: Buprenorphine	10mg / 100ml	Suspension	75 x 100ml
EVCOM01 - Comfortan Inj	10mg/ml	Injection	4 x 10ml
CHBUP01 - Bupaq Inj	0.3mg/ml	Injection	1 x 10ml

Purpose for which drugs are required (tick in box provided)

1 For use within Pharmacy 4 For Paramedic use

2 For use within Practice / Surgery 5 For Doctor's bag

3 For use in independent hospital 6 Other (please state reason briefly below)

For use on animals under my care.

C Customer Details

* See overleaf (Part D, point 1(iii)) for guidance on completion

* Individual Prescriber code / pharmacy's NHS account number / CQC / HIS / HIW Number: **MRCVS no.**

* Practice, NHS Trust or NHS Provider Code: **Covetrus Account**

Name of Practice: **Your Practice Name**

Individual practitioner's name (printed): **Vet Name**

Professional qualification / occupation: **Details**

Address line 1: **Your Address 1**

Address line 2: **Your Address 2**

Telephone: **Telephone** Postcode: **Postcode**

Signature: _____ Date of Order / Supply: **30/11/15**

(NB: This must be the signature of the practitioner named above)