



EQUINE MEDICINE
&
SURGERY

EQUINE VETERINARY ASSOCIATES

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1250 N. LAKEVIEW AVE., SUITE L
ANAHEIM, CA 92807

PHONE: 714-777-3942 FAX: 714-695-1521 office@evaequinevet.com

PRESCRIPTION REFILL REQUEST

Client Name: _____

Horse Name: _____

Requested Medication(s): _____

Current Dosage: _____

EVA Veterinarian: _____

Pick up at office

Ship

(There is a \$11/12 UPS shipping fee)

Shipping address: _____

MC/VISA/DISCOVER/AMEX # _____

Expire date: _____ Billing zip code: _____

Please allow 24 hours for prescriptions to be filled, requests submitted on Friday will be reviewed on Monday