**FAX WATKINS PHARMACY: 231-737-1329**
**EMAIL: WATKINSPHARMACY@WATKINSPHARMACY.COM**


WATKINS
PHARMACY
1391 E SHERMAN BLVD
MUSKEGON, MI 49444
(231) 739-7158


PCAB ACCREDITED Compounding Pharmacy

**PET NAME:** _____ **DATE:** _____
**OWNER NAME:** _____ **WEIGHT:** ____#_____
**ADDRESS:** _____ **CITY:** _____ **ZIP:** _____
**PHONE:** __(____)_____ **SPECIES:** _____ **ALLERGIES:** _____

**All compounds will require a written prescription for each individual patient.**

**COMMON VET FORMULAS (SHEET 3 OF 5)**

## FUROSEMIDE *SUSPENSION*
(COMMERCIALLY AVAILABLE)
_____ 10mg/ml _____20mg/ml
QTY: _____ Refills: _____
SIG: _____

## BENAZEPRIL *SUSPENSION*
_____ 5mg/ml
QTY: _____ Refills: _____
SIG: _____

## AMLODIPINE *SUSPENSION*
_____ 1mg/ml ____2.5mg/ml ___ 5mg/ml
QTY: _____ Refills: _____
SIG: _____

## ENALAPRIL *SUSPENSION*
_____ 1mg/ml ___ 5mg/ml ___ 10mg/ml
QTY: _____ Refills: _____
SIG: _____

## PIMOBENDAN SUSPENSION
___ 2.5mg/ml ___ 5mg/ml ___ 10mg/ml
QTY: _____ Refills: _____
SIG: _____

## PIMOBENDAN *CAPSULES*
_____ 2mg _____ 8mg _____ 15mg
QTY: _____ Refills: _____
SIG: _____

## MIRTAZAPINE MINI TAB
___ 1mg ___ 3.75mg
_____
___3.75mg/0.1ml Transdermal
QTY: _____ Refills: _____
SIG: _____
(2 CLICKS = 0.1ml)

## TERBUTALINE *SUSPENSION*
___ 1mg/ml _____ 2.5mg/ml
QTY: _____ Refills: _____
SIG: _____

**CUSTOM FORMULAS WELCOME** **LAB DIRECT: 231-683-1708** **FAX 231-737-1329**

**Physician Name (Print):** _____
**Physician Signature:** _____
**DEA #** _____ **Office Phone #:** _____