



Phone (757) 749-4838  
Fax (757) 932-9325  
[AnimalVisionCenterVA.com](http://AnimalVisionCenterVA.com)

520 Constitution Drive, Virginia Beach, VA 23462  
228 Mount Pleasant Road, Chesapeake, VA 23322

*So they can see a better life.*

## Prescription Refill Form

You may request a medication refill by calling the office directly, submitting this form online, or by filling out and faxing this form to (757) 932-9325. Please allow at least 1 business day to process your refill request. All refill requests will be evaluated and approved by Dr. Heather, or an Animal Vision Center of Virginia team member, based on Dr. Heather's written prescription in the patient file.

**Please note:** *By law, we can only refill medications up to 1 year following the last examination date. Many conditions require more frequent evaluation for medication titration, and will be refilled up to the date of the recommended recheck evaluation.*

**OWNER'S NAME:**

**PHONE NUMBER:**

\_\_\_\_\_

\_\_\_\_\_

**PATIENT'S NAME:**

**PATIENT BREED:**

\_\_\_\_\_

\_\_\_\_\_

### MEDICATIONS YOU WOULD LIKE REFILLED:

Name of Medication:

Quantity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHEN MY PRESCRIPTION IS READY, I WOULD LIKE TO:

Pick it up from Animal Vision Center of Virginia - **Virginia Beach** (520 Constitution Dr)

Pick it up from Animal Vision Center of Virginia - **Chesapeake** (228 Mt. Pleasant Rd)

Pick it up from a pharmacy of my choosing

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone Number: \_\_\_\_\_

Have my prescription mailed to my residence *(note a \$7 shipping fee)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV code: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_