

# Veterinarian Single Use Form

Date: \_\_\_\_\_

Kentucky Buying Co-operative International, Inc.  
140 Venture Court, Suite #1  
Lexington, Kentucky 40511  
(859) 253-9688 1-800-928-7777  
Fax (859) 253-9669

I give authority to the Pharmacy Department at KBC to prepare prescriptions under my name for RX-only drug(s) for the animal(s) at \_\_\_\_\_.

Drugs to be included dispensed:

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Animal Name (if applicable): \_\_\_\_\_

Instructions:

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