

PET FOOD AUTHORIZATION FORM



prescriptions@darwinpet.com

fax: 206-204-2440

PET OWNER INFORMATION

FIRST NAME:

LAST NAME:

EMAIL:

PHONE:

PET NAME:

SPECIES:

DOG

CAT

SEX:

M

F

WEIGHT:

INTELLIGENT DESIGN VETERINARY MEALS



KIDNEY SUPPORT

JOINT AND MOBILITY SUPPORT

LIVER SUPPORT

CANCER SUPPORT

VETERINARIAN'S INFORMATION

DATE:

HOSPITAL/CLINIC:

SIGNATURE:

VETERINARIAN'S NAME: (print)

PHONE:

EMAIL:

STATE LICENSE NO.: (required)

How to use this form:

- If you are the client, please complete the pet owner information and provide this form to your veterinarian. Once we receive the authorization from your veterinarian, a Darwin's representative will contact you to complete your order.
- If you are a veterinarian, please complete this form and email to prescriptions@darwinpet.com or fax to **206-204-2440**. You can also phone in the authorization by calling **877-738-6325**.
- If you have additional questions, please visit our website at www.darwinpet.com/for-veterinarians