

Quality Assurance of Compounded Products in Dogs and Cats
Sample submission form for Pharmacists

1	Your email here:	
2	Your Pharmacy Number	
3	Independent or dependent?	
4	Clinic State	
5	City Population	

6	Drug name	Atenolol	
		Bromide	
		Calcitriol	
		Cyclosporine	
		Enrofloxacin	
		Methimazole	
		Metronidazole	
		Metoprolol	
		Prednisone	
		Prednisolone	
	Other (call first) (name)		

7	Drug Preparation	Syrup	
		Solution	
		Capsule	
		Tablet	
		Chew	
		Transdermal Gel	

8	Drug vehicle	(Name)	
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9	Fillers or other ingredients	(List)	None
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10	Preservatives	(List)	None
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11	Prescribed concentration	mg/oral dosing form	
		mg/ml	

12	Source of sample	Compounded by pharmacist Compounded in pharmacy by technician
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13	How many samples are submitted under this unique identifier?	(list)
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14	Date sample was compounded	Day	Month
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15	If multiple samples, was each sample dated with the appropriate date?	Yes	No
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16	Date sample(s) was (were) submitted	Day	Month
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17	Label information	Storage conditions	Yes If Yes, what are conditions (select room temp refrigerate freeze protect from light)
		Expiration Date	Yes IF yes, what is date?

25	What percent of your practice is oriented toward veterinary medicine?	< 10%
		11-25%
		26-50%
		51-75%
		>75%

26	What percent of your practice represents compounding?	< 10%
		11-25%
		26-50%
		51-75%
		>75%

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all that apply):