**Notification to Veterinary Practice of request for a medicated feed**

Date and time of notification

From - (name of contact and of feed company, address, telephone and fax numbers)

To - (name and address of veterinary practice)

Customer’s name and address

An order has been placed by the above customer for-

* feed type/code
* **xxxx** tonnes of feed;
* medicated with **yyyyy**

The customer advises that you have diagnosed the disease for which the above medicated feed is required. We have accepted this order but we are not able to deliver it until you have confirmed that you have prescribed it by issuing us with a Medicated Feedingstuffs Prescription (MFSp).

Under the Veterinary Medicines Regulations we are only permitted to supply medicated feed against a valid MFSp. Please will you therefore ensure that all details are completed in full, particularly the name, strength and MA number of the prescribed medicine(s) and the species and number of animals to be treated.

Should the Medicated Feedingstuffs Prescription be required to cover more than this one order, please be advised that our minimum batch size is **zzzz** tonnes.

If you require any further information about the veterinary medicinal products we stock, please get in touch.

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