

Thank you for allowing us to serve you today!

Your pet / foster animal was prescribed a controlled substance. By Nebraska law, veterinarians are required to report any and all controlled substances dispensed to the Nebraska Prescription Drug Monitoring Program (PDMP.) As such, please fill out the following required information below. **Please note information must be that of the individual receiving the dispensed medication.**

**Furthermore, per NE LB 931, Sec. 5. (1) ...“the individual shall display a valid driver’s or operator’s license, a state identification card, a military identification card, an alien registration card, or a passport as proof of identification.”**

First Name (printed): \_\_\_\_\_

Last Name (printed): \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address (including City, State, Zip): \_\_\_\_\_  
\_\_\_\_\_

Signature of receiving party: \_\_\_\_\_

**For Office Use Only:**

ID type shown (circle one):    Driver’s license        Operator’s license        Military ID  
   Alien registration card        Passport        Personally & Positively Known

ID number: \_\_\_\_\_

Animal ID # (and Pet Name if applicable): \_\_\_\_\_

Treatment #: \_\_\_\_\_

Medication dispensed: \_\_\_\_\_

NDC #: \_\_\_\_\_

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

Days’ supply: \_\_\_\_\_

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

Total amount dispensed (specify unit): \_\_\_\_\_

Payment Type: Cash    Card    N/A    Other (specify) \_\_\_\_\_

Prescribing Veterinarian: \_\_\_\_\_

Entered by: \_\_\_\_\_                      Submitted on: \_\_\_\_\_