



## INTERNET PHARMACY PRESCRIPTION RELEASE

I understand that I have requested a written prescription for veterinary medicines to be filled by an online pharmacy or catalog vendor of my choice. I will not hold St. Boni Pet Hospital responsible for any and all mistakes made by these pharmacies. These may include incorrect or illegal dispensing of drugs not licensed for use in the United States, improper billing and any other type of fraudulent or misleading acts.

I understand that there is no way for the veterinarian to know if the product has been stored properly while in transit, is out of date, or repackaged for counterfeit when purchased from an outside source.

If there is an issue with the medication I have purchased, I understand that the drug manufactures will not warrant safety, purity, or efficacy when purchased through these sources. However, if purchased through a licensed Veterinarian warranties and guarantees will be honored. St. Boni Pet cannot take responsibility for the safety of drugs purchased through an online pharmacy or catalog vendors in which they are not associated.

I understand that the prescribing instruction for products purchased from other sources may be different from those recommended by the veterinarian. This could result in improper dosing of my pet. In addition, I acknowledge that purchases from outside online pharmacy may not appear my pet's medical records provided by my veterinarian. This information may be important in the event that my pet needs additional medications and/or treatment.

Manufacturer rebates that would ordinarily be available for products purchased from this facility will not be honored when purchased from the online pharmacies or catalog vendors.

Thus, hospital policy dictates that a written prescription will be provided when requested, but under no circumstance will we telephone, fax or email a prescription directly to an online pharmacy or vendor catalog.

My signature below indicates that I have read, understand and agree to the terms of this prescription release.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

*Clinic use only:*

Scanned & Attached to EMR