



Internet Pharmacy Release

Date: _____

Client: _____

Patient: _ <animal> _

I understand that I have requested a prescription for veterinary medicines to be filled by internet pharmacies and that Dogwood Veterinary Hospital & Pet Resort will not be held responsible for any and all mistakes made by these pharmacies. These include the illegal dispensing of drugs not licensed for use in the United States, improper billing and any other type of fraudulent or misleading acts.

I also understand that any guarantees or warranties from the manufacturer of these medications purchased from internet pharmacies are null and void and will not be honored by this facility or the manufacturer in case of adverse reaction.

I understand that unlike local pharmacies where a level of trust exists to competently fill prescriptions, we do not have this same level of confidence in the aforementioned pharmacies. Thus, hospital policy dictates that a written prescription will be provided when requested, but under no circumstance will we telephone or fax a prescription to an internet pharmacy for fear of illegal or inaccurate dispensing, fraud or human error.

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

Signature: _____