



Outside Pharmacy Release

I _____ (full name) understand that I have requested a written prescription for veterinary medicines to be filled by a storefront, online pharmacy or catalog vendor.

Please initial the following boxes stating that you understand:

___ Dr. Cole Delhomme and Delhomme Animal Clinic 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.

___ There is no way for my veterinarian to know if the product has been stored properly while in transit, is out of date, repackaged for counterfeit when purchased from an outside source. Many of these sites are operating illegally from foreign countries where medications are shipped here with no governmental monitoring.

___ The prescribing instructions for products purchased from other sources may be different from those recommended by my veterinarian. This could result in improper dosing of my pet.

___ Purchases from outside online pharmacies may not appear on 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 from my veterinarian.

___ The drug manufacturers will not warrant safety, purity, or efficacy when marketed through these sources. However, if purchased through a licensed Veterinarian warranties are honored.

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

___ Vaccines purchased through online pharmacies or catalog vendors will not be accepted as valid by kennels, airlines, licensing agencies or veterinary practice.

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 online pharmacies or vendor catalog.

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

Name: _____ Date: _____

Medications: _____
