

Lake Worth Animal Clinic

3935 Boat Club Rd. Lake Worth, TX 76135

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www.lakeworthanimalclinic.net

Waiver of Responsibility & Liability for Prescription to be filled by Internet Pharmacies or Catalog Vendors

Client's Name: _____ Pet's Name: _____

I hereby request a prescription for medication(s) for my pet so that I can purchase these products from an internet pharmacy or catalog vendor. I have been informed that the following risks exist when I obtain these products from such sources.

1. There is the possibility that the prescription drugs received from these vendors may be counterfeit and may not have been approved by the FDA and pesticides may not have been approved by the RPA.
2. As the provider of your pet's care, our medical records keep track of all drugs dispensed to use to you. When you purchase your prescriptions elsewhere, our computer tracking system is not activated to print instructions for use or risk of adverse effects or to send reminders for follow-up exam and/or lab tests that may be needed to monitor results or adverse reactions.
3. You may not have the prescription drug(s) available soon enough to start your pet's medications at the optimal time to provide relief for his/her condition.
4. When prescription products are purchased elsewhere, our staff members are unavailable to teach you how to administer them.
5. The number of tablets or capsules, milligram size of the unit, volume and or concentration of liquid, and number of authorized refills may differ from that prescribed by the attending doctor.
6. Manufacturer's warranties or guarantees for these products may not be valid. This means if your pet's condition is not effectively treated with the product(s), manufacturers may not stand behind their products or product liability procedures. Additionally, the owners of and doctors at this facility will be unable to assist you in claims against those manufacturers.

I have read and understand the above information. I accept the risks, and am aware that this facility cannot accept and financial responsibility for paying for or reimbursing me for any treatments required as a result of the use of products purchased from these sources. In the absence of negligence, I agree to hold this veterinary practice harmless for any deleterious effects or lack of effectiveness of drugs purchased from any other source.

Signature of Owner to Authorized Agent

Date