

Waiver of Pharmacy Responsibility and Liability

Client's Name _____

I hereby request a prescription for purchase from an outside online pharmacy or catalog vendor not associated with Hawthorne Animal Hospital. I have been informed that the following risks exist when I obtain these products from such source:

1. There is no way for my Veterinarian to know if the product has been stored properly while in transit, is out of date, repackaged or counterfeit when purchased from an outside online source. (many of these sites are operating illegally, from foreign countries where medications are shipped here with no governmental monitoring)
2. 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.
3. Purchases from outside online pharmacies may not appear in 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.
4. 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. **Hawthorne Animal Hospital cannot take responsibility for the safety of drugs purchased through an online Pharmacy.**
5. Manufacturer rebates that would ordinarily be available for products purchased from this facility **will not** be honored when purchased from online pharmacies or catalog vendors.
6. Vaccines purchased through catalog vendors or online pharmacies other than Vetsource may not be accepted as valid by kennels, airlines, licensing agencies or veterinary practices.

By signing this waiver, I acknowledge that I have been properly informed of the risks involved in doing so, and accept any and all responsibility, financial or otherwise, that may occur from this decision. I understand that Hawthorne Animal Hospital and its associated staff will be held harmless from the use of products and/or prescriptions purchased from sources outside of the hospital's monitoring and control.

I have read and understand the above risks.

Signature of Client or Authorized Agent

Date