## Waiver of Responsibility and Liability for Prescriptions to be Filled by Internet Pharmacies or Catalog Vendors\*

Clie	ent's Namel	Pet's Name
pro		or vaccination(s) for my pet so that I can purchase these ndor. I have been informed that the following risks exist
may the 2.A Wh inst	y not have been approved by the FDA; the vac pesticides may not have been approved by the s the provider of your pet's care, our medical en you purchase your prescriptions elsewhere	received from these vendors may be counterfeit and cines may not have been approved by the USDA; and EPA. This has occurred in the past and could recur. records keep track of all drugs dispensed by us to you., our computer tracking system is not activated to print to send reminders for follow-up exams and/or lab tests reactions.
1.	You may not have the prescription drug(s) aver the optimal time to provide relief for his/her	railable soon enough to start your pet's medications at
2.	* *	sewhere, our staff members are unavailable to teach you
3.		size of the unit, volume and/or concentration of liquid, rom that prescribed by the attending doctor,
4.	Manufacturer rebates that would ordinarily be generally will not be available.	e available for products purchased from this facility
5.	The manufacturer's warranties or guarantees pet's condition is not effectively treated with	for these products may not be valid. This means if your the product(s), manufacturers may not stand behind. Additionally, the owners of and doctors at this facility those manufacturers.
6.	Vaccines that are shipped through surface can	rriers and that arrive at your home unrefrigerated may be ines you receive, you may be unable to administer them
7.		stered by a veterinarian, they may not be accepted as
	any financial responsibility for paying for or the use of products purchased from these sou	these risks, and am aware that this facility cannot accept reimbursing me for any treatments required as a result of rces. In the absence of negligence, I agree to hold this bus effects or lack of effectiveness of drugs or vaccines

Date

Signature of Owner or Authorized Agent