



University West Pet Clinic
8145 University BLVD
Clive, IA 50325

Internet or Retail Pharmacy Waiver

Client Name: _____ Pet Name: _____

I hereby request a prescription for the medication(s) for my pet so that I can purchase these products from an outside pharmacy, or a retail pharmacy, not associated with this clinic. 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 this clinic will be held harmless from the use of products and/or prescriptions purchased from sources outside of the clinic's monitoring and control.

Risks involved in purchasing pharmaceuticals or food products for my pet over the internet:

1. There is no way for the veterinarian to know if the product has been stored properly while in transit, is out of date, repackaged or counterfeit when purchased from an outside source. This has occurred in the past. For more information on this, visit the FDA website at www.fda.gov.
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 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 medication(s) and or treatment from my veterinarian.
4. Product warranties for prescriptions obtained from outside pharmacies may be different than the manufacturer's normal warranties or potentially unavailable. It is understood that my veterinarian is unable to offer warranties for products or prescriptions obtained through outside sources.
5. The prescription and/or its refills may not arrive in a timely fashion, thus potentially causing an interruption in treatment for my pet, which may result in the need for additional testing prior to the continued safe use of the product.

I have read and understand the above risks in using an outside pharmacy that is not associated with this veterinary clinic.

Signature _____ **Date** _____