

NOLAN RIVER

ANIMAL HOSPITAL, PLLC



It is the Policy of Nolan River Animal Hospital that a written prescription will be provided to clients having a current patient relationship with the hospital upon request. Please know that we have only your pet's best interest in mind and we want you to make an informed decision about where you choose to have a prescription filled.

Unlike local pharmacies where a level of trusts exists to competently fill prescriptions, we do not have the same level of confidence in Internet based pharmacies. In many cases, these businesses are not authorized resellers of the pharmaceuticals they dispense. They obtain product by purchasing it from "middle men" who acquire the product from authorized channels and divert it into unauthorized channels. Some of the products that they sell are produced for markets outside the USA and are not manufactured or labeled for sale in America. Due to the extended shipping and reshipping required, some of these products may be damaged by environmental extremes. We are also aware of clients who have purchased products from these companies which were expired at the time the client received them. Finally, pharmaceutical manufacturers will not guarantee their products if they are not purchased from an authorized seller, so if any problems develop, the pet owner is "on their own".

We are an authorized seller of the pharmacy products that we dispense, which means that the manufacturers of these drugs will stand behind their products if there are any problems. We obtain our products either directly from the manufacturer or from authorized distributors, usually by overnight shipment, so the quality of these medications is assured.

If I choose to have a prescription filled by a pharmacy other than Nolan River Animal Hospital, I understand that I assume all risks for these prescriptions. I will not hold Nolan River Animal Hospital responsible for any problems associated with the dispensing, instructions for use or cost associated with a prescription filled outside the clinic. In addition, I will not hold Nolan River Animal Hospital responsible for any adverse reactions to medication not dispensed as prescribed.

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

Name: _____

Signature: _____

Date: _____