

SAMPLE

Waiver

I acknowledge that I have received and read the **INTERNET PHARMACY INFORMATION** sheet and have been informed that there are potential risks associated with purchasing medications from sources other than my veterinarian.

I hereby waive (*name of hospital*) of all responsibility for any problems or incidents that may occur from the use of an "online pharmacy" or other outside medical source provider and any prescriptions I have filled for my pet(s) through these businesses.

Name _____

Signature _____

Date _____