



Online Pharmacy Release Form

Pet's Name: _____

The care and well being of your pet is our top priority. Therefore, following the correct treatment plan is important to us. The accuracy and safety of medications dispensed by our hospital can be substantiated. We do understand that cost is a concern. Therefore, a written script for your pet can be provided to have filled at a pharmacy. However, we are unable to guarantee the safety and accuracy of any medications dispensed for your pet from "online pharmacies."

It is important to be aware as an owner that the safety of many online pharmacies has been legally called into question.

I hereby waive Nickel City Animal Hospital of responsibility for any problems or incidents that may occur from the use of an "online pharmacy," and the prescription that I have filled for my pet(s) at these establishments. This release form is only valid for 1 year.

Signature of Owner: _____ Date: _____
No typed signature will be accepted

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