

### **Outside Pharmacy Release Form**

I (Print Name) \_\_\_\_\_ hereby release Animal Hospital of Largo, and any other person or entity connected with Animal Hospital of Largo, from any and all claims related to my action regarding the purchase and administration of medicines and/or parasitocides purchased outside the hospital using Animal Hospital of Largo prescription forms.

I REALIZE THAT MY ACTIONS MAY RESULT IN ADVERSE REACTIONS INCLUDING BUT NOT LIMITED TO:

- 1) Severe allergic reaction/illness
- 2) Hair loss and reaction at application site
- 3) Death
- 4) Lack of efficacy
- 5) Improper medication and / or dose
- 6) Fraudulent Medication
- 7) Dispensing in non FDA approved containers / non childproof containers.

This Outside Pharmacy Release Form contains the entire agreement between the parties. There are no oral agreements or promises. This Outside Pharmacy Release Form may not be changed, altered, or terminated orally.

I am an adult individual and certify that I am the legal owner or guardian of the animal on the prescription form. I have completely read and fully understand the terms of this Outside Pharmacy Release Form and have voluntary accepted its terms.

Signing this form does not release the owner from any and all state and hospital required bloodwork and/or Veterinary Examinations.

Medication requiring prescription authorization \_\_\_\_\_

All Outside Pharmacy Release Forms must be re-authorized on an annual basis.

Signed: \_\_\_\_\_ Date: <date>  
<number> <animal> Reviewed by: \_\_\_\_\_