

Gateway Animal Hospital and Best Friends Animal Hospital

Prescription Release Waiver

At the August 2001 meeting the Georgia State Board of Veterinary Medicine adopted the statement of the American Veterinary Medical Association concerning Internet Pharmacies as follows:

1. Drug therapy, when medically indicated, should be initiated by the attending veterinarian in the context of a valid veterinarian-client-patient relationship.
2. Drugs may be dispensed or prescribed. Veterinarians should honor client requests to prescribe rather than dispense a drug (AVMA Principles of Veterinary Medical Ethics). The client has the option of filling a prescription at any pharmacy.
3. Clients might be advised to select an Internet pharmacy certified by the National Association of Boards of Pharmacy (vipps@nabp.net) whose VIPPSTM program and its accompanying seal of approval identify to the public those online pharmacies that are appropriately licensed and prepared to practice pharmacy via the Internet.
4. Veterinarians asked by pharmacies to approve prescriptions they have not initiated should do so only if the prescription is appropriate and a valid veterinarian-client-patient relationship exists.
5. It is within the veterinarian's (not the pharmacy's) purview to determine the medical criteria whereby a drug is indicated.)
6. As with any prescription, a written record should be maintained.
7. Prescribing veterinarians should assure that information regarding the proper use of the prescribed drug and the risks associated with its use are communicated to the client, regardless of the drug source.
8. Use of drugs for foreign origin that lack FDA approval generally is not permitted.

I have fully read and relieve Gateway Animal Hospital and Best Friends Animal Hospital of any liability that is associated with medications dispensed by any pharmacy other than Gateway Animal Hospital or Best Friends Animal Hospital in Statesboro, Georgia.

I also assume responsibility for reading package inserts detailing drug precautions, warnings and adverse reactions.

Print Name _____ Signed _____ Date _____

For Hospital use only:

Received by: _____

Date: _____