

**Client / Guardian Name:**

\_\_\_\_\_

**Patient (Animal) Name:**

\_\_\_\_\_

**Species / Breed:**

\_\_\_\_\_

**Date of Visit:**

\_\_\_\_\_

## **ACKNOWLEDGMENT OF ABILITY TO RECEIVE WRITTEN PRESCRIPTION**

*As required by s. 474.224, Florida Statutes*

I, \_\_\_\_\_, understand the veterinary client's right to receive a written prescription for the medication that can be filled by the pharmacy of my choice or my veterinarian, as provided in s. 474.224, Florida Statutes.

**Client Signature:**

\_\_\_\_\_

**Printed Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

### **FOR STAFF USE ONLY**

Acknowledgment filed in medical record:  Yes

Staff initials: \_\_\_\_\_ Date filed: \_\_\_\_\_

*Per s. 474.224, F.S., this form may not include any language that comments on the efficacy or safety of filling prescriptions through an outside pharmacy.*