



ACKNOWLEDGMENT OF RIGHT TO RECEIVE A WRITTEN PRESCRIPTION

Under Florida legislation (HB 89), we want to make sure you know your options for filling your pet prescriptions.

You have the right to choose where your pet's prescription is filled. You may:

- Have your pet's prescription filled here at our hospital (when available), or
- Request a written prescription to take to the pharmacy of your choice.

If you choose to take a written prescription to another pharmacy but are unable to have it filled, you may return the original written prescription to our hospital. We will be happy to fill it for you here. If you have any questions about your pet's medications or prescription options, please ask a member of our veterinary team. We're happy to help.

Client Name: _____

Patient (Pet) Name: _____

I acknowledge that I have been informed of my right to receive a written prescription for any prescribed medication that may be filled at the pharmacy of my choice or by my veterinarian, as provided in section 474.224, Florida Statutes.

I understand that I may choose where to have my pet's prescription filled.

Client Signature: _____

Date: _____