

PRESCRIPTION AUTHORIZATION COMPLIANCE & UNDERSTANDING

Any pet owner (“client”) who chooses to obtain a prescription medication from an outside source other than from HEART-Healthcare & Emergency Animal Rescue Team (“HEART”) must understand and agree to the terms and conditions contained in this document which are in compliance with State and other regulatory laws. A copy of this document cannot be provided to client; however, it is available on the HEART4pets.org website to download or print.

The pet (“patient”) must first be examined by a HEART doctor (“veterinarian”) prior to any prescription medication being prescribed or dispensed. If veterinarian is not present to perform an in-person exam, a virtual, telehealth (“teladoc”) appointment must be performed with the aid of a Registered Veterinary Technician (“RVT”) to establish a Veterinary Client Patient Relationship (“VCPR”).

Written /paper prescriptions are not provided at our clinics. (See the prescription authorization process explained under “Instructions” below).

No prescription can be authorized for any condition/purpose other than the one discussed during the teladoc appointment.

Medications cannot be substituted for a different type or brand than what was specifically prescribed by veterinarian. This includes, but is not limited to, flea, tick, and heartworm medications. Veterinarian is not obligated to prescribe or authorize any medication or brand of medication which he/she does not use, has not prescribed or recommended, is unfamiliar with, or believes would not be best for the Patient.

Medications which are labeled or intended to prevent, control, and/or treat Heartworms will not be administered, dispensed or prescribed until a Heartworm test (blood test) has been performed by HEART and a negative result has been received for that test. A separate appointment must be scheduled for the blood test, and a fee will be charged for the test.

The maximum dose allowed per Patient for any flea/tick/Heartworm medication, whether administered, dispensed, authorized, or a combination thereof by veterinarian, is a six (6) month supply.

The Law States: “A veterinarian who established the required veterinarian-client-patient relationship using synchronous audio-video communication shall not prescribe a drug to the animal patient for use for a period longer than six months from the date upon which the veterinarian examined the animal patient or prescribed the drug. The veterinarian shall not issue another prescription to the animal patient for the same drug unless they have conducted another examination of the animal patient, either in person or using telehealth.”

A \$25 Administration Fee will be charged by HEART to Client every time a prescription authorization request is received for each patient, regardless if it is for the same medication and regardless if a request is authorized or denied. Prescription authorization requests will only be denied if the request is incomplete or inaccurate. Therefore, it is important that Client provides pharmacy with complete and correct information so that the prescription authorization request can be authorized the first time. The Administrative Fee does NOT apply to medications administered or dispensed by HEART.

INSTRUCTIONS

- 1) Client must contact his/her pharmacy of choice and provide complete and accurate information required by that pharmacy in order to obtain a prescription authorization.
- 2) Pharmacy must send a prescription authorization request to HEART by email @ heart4pets.info@gmail.com or by facsimile transmittal @ (657) 444-2210, containing all required information. Payment for said medication must be paid by Client directly to the pharmacy. HEART is not responsible for any monetary transactions between Client and pharmacy.
- 3) Upon receipt of the prescription authorization request, HEART will invoice Client. Upon receipt of payment in full from Client, HEART will proceed with the steps needed to authorize the prescription.

I, the undersigned, have read, understand, and agree to all of the terms and conditions contained in this document.

Signature of Client

Date

Vaccine Certificate Number