



Mailing address: 880 EAST HASTINGS, VANCOUVER BC V6A 1R6  
All memberships enquiries: [Membership@CannabisDispensary.ca](mailto:Membership@CannabisDispensary.ca) 604-255-1844  
TEL: 604-255-1844 FAX: 604-255-1845  
[www.CannabisDispensary.ca](http://www.CannabisDispensary.ca)  
Retail locations: 880 E Hastings St, Vancouver BC - 1182 Thurlow St, Vancouver BC  
Canada-wide mail order service!

Dear Veterinary Physician,

Your patient's owner is requesting to receive services with the Vancouver Dispensary Society (VDS) for their pet.

VDS has created a department specific to animals that is tailored to meet their needs. Restrictions are in place that allows animals safe legitimate access to tinctures only, unless under the advice of the Veterinary Physician. The 'tincture only' restriction for animals addresses dosing as well as administering concerns.

We have attached some information about the tincture medicine available for animals through VDS.

In order to maintain the level of legitimacy expected from our organization, VDS requires a confirmation of diagnosis and/or recommendation from a Veterinary Physician, faxed directly from their office, as a condition of membership.

Please fill in the attached Veterinary Physician Statement and fax it to our office. If you feel uncomfortable recommending cannabis due to medical, legal, or other concerns, please indicate this in the space provided.

We will call you to verify that the fax did indeed come from your office.

For more information, please contact us at 604-255-1844, or by email at [membership@CannabisDispensary.ca](mailto:membership@CannabisDispensary.ca)

Respectfully,

The Vancouver Dispensary Society



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**FOR VALIDATION THIS FORM MUST BE FILLED IN BY A VETERINARY PHYSICIAN, AND FAXED FROM THE VETERINARY PHYSICIANS OFFICE TO THE VANCOUVER DISPENSARY SOCIETY AT 604-255-1845**

Animal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth  
d m y

Has been diagnosed with \_\_\_\_\_

Eligible Diagnosis List (unless otherwise recommended by Veterinary Physician) Arthritis, Cancer, Chronic Pain, Seizure disorder, Tumour(s).

and is presenting symptoms of \_\_\_\_\_

Date of diagnosis \_\_\_\_\_ Species of animal \_\_\_\_\_ Breed of animal \_\_\_\_\_

- I recommend cannabis to help my patient with their symptoms.
- Patient's owner(s) have reported that they wish to try cannabis for their pet and therefore, on the basis of my knowledge, should have access to it.
- I agree to work with my patient's owner(s) and TMCD to ensure appropriate dosing is administered.

I do not recommend the use of cannabis for the reasons stated below:

- Medical: Please specify \_\_\_\_\_  
\_\_\_\_\_
- Legal: Please explain \_\_\_\_\_  
\_\_\_\_\_
- Other: please explain \_\_\_\_\_  
\_\_\_\_\_

**This patient is in a critical stage of their illness or treatment and requires immediate attention.**

**VETERINARY PHYSICIAN SIGNATURE:** \_\_\_\_\_  
**PRINTED NAME:** \_\_\_\_\_  
**DATE SIGNED:** \_\_\_\_\_  
**VETERINARY PHYSICIAN PHONE:** \_\_\_\_\_  
**VETERINARY PHYSICIAN ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

VETERINARY PHYSICIAN

STAMP/LICENSE#



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APPLICATION FOR REGISTRATION

To be completed by the Pet Owner

Animal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
d / m / y

Caregiver's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone number(s) \_\_\_\_\_

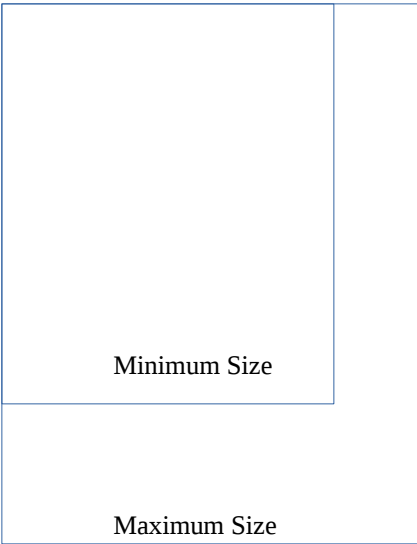
E-mail \_\_\_\_\_

- I agree to keep the Veterinary physician informed and I will inform The Medicinal Cannabis Dispensary in the event of my Pet's death.
I understand that as a caregiver I am not entitled to consume any medicine purchased for my pet.
I understand that medicine only in the form of tincture will be available for my pet and that these products will be available through mail order only.

I hereby declare that the information stated above is factual:

Caregiver's Signature \_\_\_\_\_

The caregiver must provide a photocopy of government issued photo ID and a loose photo, passport sized
Size guide for photograph



A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show a full frontal view of your head and shoulders against a plain contrasting background.
No hats or sunglasses
It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.

Questions? www.membership@cannabisdispensary.ca

- A Passport style photo of Caregiver is enclosed
A photo of animal is enclosed

\*Photo of pet is to be authenticated by the Veterinary Physician

DO NOT AFFIX PHOTO



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### CODE OF CONDUCT:

**VIOLATION OF THESE CODES OF CONDUCT WILL RESULT IN A TEMPORARY OR PERMANENT SUSPENSION OF SERVICES.**

**NO RESELLING. NO SHARING.** We provide medicinal cannabis tincture for your pet only. Any reselling or sharing of your pet's medicine is forbidden.

**BE POLITE.** We are doing our best to provide a service to our clients. Please treat the staff and other members of the VDS with politeness and respect.

**BE RESPONSIBLE.** Ensure appropriate dosing is administered. Like all medication, keep out of reach of children and pets.

**KEEP US INFORMED.** Please let us know about any quality concerns you have. Good or bad, please let us know what works and what doesn't work.

**DO NOT TRANSPORT ANY CANNABIS OUT OF CANADA.**

#### CAUTIONS:

##### IMPAIRMENT:

Cannabis may potentially cause a temporary decrease in coordination and cognitive abilities, and short-term memory loss while medicated.

##### IRRITATION:

There are no concerns of respiratory irritation with the use of tincture only.

##### BLOOD PRESSURE:

Initial increase in heart rate and/or blood pressure may be problematic for those with heart conditions or severe anxiety. Those receiving digitalis or other cardiac medications should use cannabis under careful supervision by a medical doctor.

##### WITHDRAWAL:

There are no significant withdrawal effects when cannabis use is ceased or decreased, however minor restlessness, nausea, and fatigue may be experienced. Symptom relief will also cease or be decreased.

##### THE LAW:

It is still illegal in Canada to possess, grow, or distribute cannabis. Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record.

#### ACKNOWLEDGEMENT:

- I accept that the VDS makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against the VDS and its employees.
- I have read this form and agree to abide by the code of conduct and cautions listed above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The Vancouver Dispensary Society reserves the right to terminate membership at any time.**

*All documents submitted to The Vancouver Dispensary Society (VDS) are the property of VDS and are held in the strictest confidence.*