



#1-518-304 ST Kimberley, BC V1A 3H5
BUS: 778.481.5297 FAX: 778.481.5293
Membership inquiries:
membership@tamarackdispensaries.ca
Canada-wide delivery

Veterinary Animal Referral

For validation, this form must be filled in by a Veterinary Physician and faxed from their office to Tamarack Dispensaries at 778.481.5293.

Animal Name _____ Birthdate _____

Has been diagnosed with _____

Eligible diagnosis list (unless otherwise recommended by Veterinary Physician) arthritis, cancer, chronic pain, seizure disorder, tumor(s).

Date of diagnosis _____ Species of animal _____ Breed _____

- I recommend cannabis to help my patients with their symptoms.
- Patient's owner has 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 and Tamarack Dispensaries to ensure appropriate dosing is administered.

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

Medical (please specify) _____

Legal (please specify) _____

Other (please specify) _____

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

Veterinary Physician signature _____

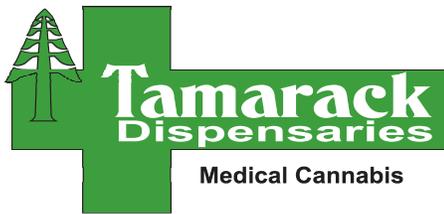
Printed name _____

Date signed _____

Phone _____

Address _____

Veterinary Physician
Stamp license #



#1-518-304 ST Kimberley, BC V1A 3H5
BUS: 778.481.5297 FAX: 778.481.5293
Membership inquiries:
membership@tamarackdispensaries.ca
Canada-wide delivery

Pet Application for Registration

To be completed by the Pet Owner

Animal's name _____ Birthdate _____

Caregiver's name _____

Address _____ City _____ Prov _____

Postal code _____ Phone number _____

Email _____

- I agree to keep the Veterinary Physician informed and I will inform Tamarack Dispensaries in the event of my pet's death.
- I understand that as a caregiver, I am not entitled to consume any of the medication purchased for my pet.
- I understand that only tinctures and oils will be available for my pet.

I hereby declare that the information provided above is factual.

Caregiver's signature _____

Pet membership is valid for 12 months only

The caregiver must also provide a photocopy of government issued photo ID and provide a photo of the pet to Tamarack Dispensaries for their membership card. Pet photos should be a close up of the head and face.