



#1-518-304 ST Kimberley, BC V1A 3H5  
BUS: 778.481.5297 FAX: 778.481.5293  
Membership inquiries:  
[membership@tamarackdispensaries.ca](mailto: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 \_\_\_\_\_

<p>Veterinary Physician Stamp license #</p>
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### 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.