



Mailing address: 604 3rd Ave, Whitewood, S.K., S0G 5C0
All memberships inquiries: questions@marijuanamailorders.com TEL: 306-735-7537
FAX: 306-735-2616
www.marijuanamailorders.ca
Retail locations: 604 3rd Ave, Whitewood, S.K., S0G 5C0 - 49 Main street Middleton Nova
Scotia B0S 1P0 Canada-wide mail order service!

Dear Veterinary Physician,

Your patient's owner is requesting to receive services with Martin Medical Services MMS Corp (MMS) for their pet.

MMS 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 MMS.

In order to maintain the level of legitimacy expected from our organization, MMS 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 306-735-7537 (12-8pm), or by email at questions@marijuanamailorders.com

Respectfully,

Martin Medical Services MMS Corp



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FOR VALIDATION THIS FORM MUST BE FILLED IN BY A VETERINARY PHYSICIAN, AND FAXED FROM THE VETERINARY PHYSICIANS OFFICE TO MARTIN MEDICAL SERVICES MMS CORP @ 306-735-2616

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) _____

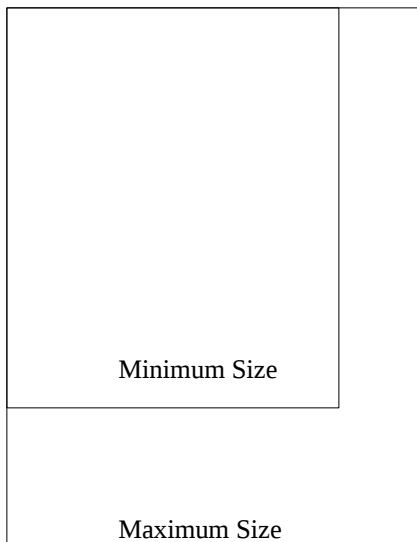
E-mail _____

- 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 Martin Medical Services MMS Corp is only a dispensary and not the manufacturer is in no way liable for any guarantees made by the manufacturer.

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



DO NOT AFFIX PHOTO

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? jerry@marijuanamailorders.com

- 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



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

Name: _____

Signature: _____

Date: _____

Martin Medical Services MMS Corp reserves the right to terminate membership at any time.

All documents submitted to Martin Medical Services MMS Corp (MMS) are the property of MMS and are held in the strictest confidence.