

Pet's Name: _____ Date: _____

Owner's Name: _____ Email Address: _____

Owner's Date of Birth: _____ M _____ D _____ Year _____ Phone # (_____) _____

Billing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Shipping Address If Different from Billing: _____

_____ Apt _____

City: _____ State _____ Zip Code: _____

Type and Breed: _____ Weight: _____ Gender: M F

Requested Medication	Dosage	Quantity	Price

Prescription Medication is shipped with a \$12 charge per order, not item.
Most OTC orders have an optional \$6.00 shipping fee with some exceptions (ie. Insulin, syringes)

Known Drug Allergies: _____

Current Medications including the Medication you are ordering today:

- 1. _____ Condition _____
- 2. _____ Condition _____
- 3. _____ Condition _____
- 4. _____ Condition _____
- 5. _____ Condition _____
- 6. _____ Condition _____

Patient Counseling: Are any of these medications new? Yes No Do you require pharmacist consultation? Yes No

Payment Method	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Money Order <input type="checkbox"/>	Check <input type="checkbox"/>
Name on Card: _____	Exp: _____			
Credit Card # _____	CVV2/CVD Code* _____			
Signature: _____	Date: _____			

*The CVV2/CVD code is the last 3 digits printed on the signature strip on the back of your card.

Please do not forget to enclose prescriptions.
AmeriCanaMeds, 203-8435 120th St Delta BC V4C 6R2

AmeriCanaMeds.com Patient Agreement

I declare that I am not of minor age in the state of my residence, and hereby:

1. Represent to AmeriCanaMeds.com (the "Company") that the pharmaceuticals to be delivered to me were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside, that the prescriptions for those pharmaceuticals were lawfully obtained from that physician, and that those pharmaceuticals will be used only by the person for whom they were prescribed and only as directed;
2. Release and discharge the Company and each of its employees, officers and other representatives, and each of the Canadian Doctors and Canadian Pharmacists (which latter term as used herein includes Pharmacies) with whom the Company at any time deals (collectively, the "Employees and Professionals"), from all present and future claims, causes of action and liabilities as regards the appropriateness, suitability, strength and dosage of the pharmaceuticals prescribed for me by the prescriptions ("Transmitted Prescriptions") sent by me to the Company, including, without limiting the generality of the foregoing, arising by reason of any side or ill effects whatsoever of any kind or nature, and confirms that I did not and will not rely on the Company or any of the Employees and Professionals as regards the pharmaceuticals which are supplied to me through the Company other than that such pharmaceuticals will be or will be equivalent to (i.e., generic versions where authorized by me). It is acknowledged that the pharmaceuticals may not be packaged in child protective packaging. I release and discharge the Company and the Employees and Professionals from all causes of action with respect to the late delivery, non-delivery or missed delivery of pharmaceuticals.
3. Give Assurance that I have seen a physician within the past twelve months and understands that the Company, or the Pharmacists may find it necessary to contact myself or my physician for more information and hereby give permission for the American physician to release medical information as needed to obtain sufficient information for the purpose of prescribing my medications.
4. Authorize and appoint the Company as my agent and as my attorney for the limited purposes of doing all acts, signing all documents and taking all other steps, for and on behalf of me, which are reasonably necessary so as (i) to obtain on behalf of my prescriptions ("Canadian Prescriptions") for the pharmaceuticals prescribed by the Transmitted Prescriptions, (ii) to have the Canadian Prescriptions filled for me by Pharmacists in British Columbia, (iii) to purchase and receive from such Pharmacists on my behalf for the prescribed pharmaceuticals, (iv) to purchase and receive on behalf of my pharmaceuticals prescribed by Transmitted Prescriptions where Canadian Prescriptions for those pharmaceuticals are not required under the relevant laws in force in British Columbia, and (v) to package or repackage the pharmaceuticals received for me for shipment to me, all to the same extent that I could do if I were personally present and doing those acts, signing those documents and taking those steps myself;
5. Authorize and appoint the Company as my agent and attorney for the purpose of doing those acts, signing those documents, and taking such other steps, on my behalf which are necessary to have my prescribed pharmaceuticals shipped on behalf of me to my address, to the same extent as if I had arranged for such shipping and consigned the pharmaceuticals to the shipper for such shipping myself;
6. Agree that any dispute that arises between myself and the Company or any of the Employees and Professionals shall be heard by the Courts of British Columbia, Canada, that the Courts of British Columbia, Canada shall have sole and exclusive jurisdiction as regards such disputes, and that the laws in force in British Columbia, Canada, shall apply to any and all disputes that may arise;
7. Acknowledge that once purchased and shipped, no pharmaceuticals may be returned or exchanged;
8. Acknowledge that the Company and each of the Employees and Professionals have relied and will be relying on the information and documentation provided by me; and I represent that I have, to the best of my knowledge, fully disclosed to the Company all information and documentation which is relevant in those regards.
9. Understand and agree that AmeriCanaMeds.com will only verify and dispense medications that my American physician has prescribed to me. I further understand that AmeriCanaMeds.com will not prescribe prescription medications, nor will they dispense medications that are narcotics or controlled substances.
10. Confirm that I am fully competent to make my own health care decisions. I am aware of the potential side effects and/or problems associated with prescription medications and understand that it would be a violation of law to falsify any information on my Patient Medical Profile or any other medical records for the purposes of obtaining prescription medication. I agree to truthfully and to the best of my knowledge answer all of the questions on my Patient Medical Profile. I agree that if I fail in any way to fully furnish my complete and accurate medical history or I become aware of any changes in my physical or medical condition in the future and I fail to notify AmeriCanaMeds.com of such changes, that I am solely responsible for any adverse effects that I may suffer from taking or continuing to take such prescribed medications.

As used above, I have read and understand the above terms and agree that they shall be binding upon myself and my heirs, personal representatives and other legal representatives.

I agree

I disagree

Signature: _____

Date: _____