

Patient Information

This form may be shared, we encourage you to make copies for friends and family.

Owner's Name:		Pet's Name:		<input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____	
Email Address:		Mailing Address:			
City:		State:		ZIP:	
Phone (day):		Phone (other):			
Gender (m/f):	Date of Birth:		Weight (lbs):		
Secondary Contact:			Relation to owner:		Phone:
Would you like web access to your Patient Profile?:		Yes <input type="radio"/> No <input type="radio"/>		If yes, choose an account password (case sensitive):	

Is your animal under the care of a veterinarian?: Yes No

Veterinary Name:			Address:		
City:	State:	ZIP:	Phone:	Fax:	
			License Number:		
			Please indicate any food or drug allergies:		

Patient Acknowledgement

I acknowledge and agree as follows:

1. I appoint Jan Drugs (a.k.a JanDrugs) to act as my agent and attorney as required to either fill my pet's prescription directly or to securely communicate with my provided information to a licensed pharmacy in the UK, New Zealand, Singapore, or to the US to obtain my prescription or product directly from the pharmacy. My pet's prescription is filled according to the laws of the jurisdiction in which the dispensing pharmacy is located. All Canadian prescriptions are filled by Jan Pharmacy, 250 - 530 Kenaston Blvd, Winnipeg, MB, Canada, R3N 1Z4. Manitoba Pharmacy License Number 32476.

2. Jan Drugs is located in the country of Canada and that the physicians and pharmacists working for Jan Drugs are located and licensed to practice medicine and pharmacy, respectively, in Canada only and any treatment, if any, that I am receiving from such physicians and pharmacists shall be deemed to be received by me in Canada. Some products are supplied by Jan Drugs' partner pharmacies in New Zealand, the UK, Singapore, and the US. Any treatment concerning products supplied by international pharmacy partners shall be deemed to be received in the dispensing country.

3. I am eighteen years of age or older and am fully competent to make my pet's health care decision. I am aware of the potential side effects and/or problems associated with prescription medications and understand that it would be a violation of the law to falsify any information on my pet's medical questionnaire. I agree that if I fail in any way to fully furnish my pet's complete and accurate medical history, if become aware of any changes in my pet's physical or medical condition and I fail to notify Jan Drugs of such failure, that I am solely responsible for any adverse effects that my pet may suffer from taking or continuing to take such prescribed medications.

4. No person other than me will use the ordered product.

5. Medications purchased from Jan Drugs are approved by the Health Products and Food Branch (HPFB) of Canada or the relevant national ministry of health for products dispensed from Jan Drugs International partner pharmacies. Medications purchased from Jan Drugs have not been inspected by the FDA except those provided from our US partner pharmacy.

6. Be advised that, given the international nature of the practice of International Prescription Service (IPS) pharmacy, there may be limitations in the ability of the Manitoba Pharmaceutical Association (MPHA), which is the statutory licensing authority for pharmacists in the Province of Manitoba, to investigate and prosecute complaints from persons who receive services or products from an IPS pharmacy.

Manitoba pharmacists are not permitted to fill US physicians' prescriptions. They can only fill prescriptions issued by a physician licensed in a province or territory of Canada. M.Ph.A. takes the position that it may be contrary to professional standards for a pharmacist to fill prescriptions by a physician, licensed in a province or territory of Canada, who has not established an acceptable patient-physician relationship to you.

7. Due to the nature of the product, the product may not be returned for a refund or for an exchange.

I HAVE READ AND UNDERSTOOD THE ABOVE REFERENCED PATIENT ACKNOWLEDGEMENT, AND AGREE TO EACH OF THE FOREGOING TERMS

Patient's Name:			
Signature:	Date (mm-dd-yy):		

Ordering prescription drugs from Jan Drugs is a simple process. To help us serve you better and protect your health please fill out all the forms carefully and completely. If you prefer you may complete your order online at www.jandrugs.com.

Three Step Process

- Contact us for the exact price of your medication. Please call us toll free at 1-866-39J-DRUG (1-866-395-3784) or visit www.jandrugs.com.
- Complete your order form and medical questionnaire.
- Send your completed order form along with your prescription to us by mail, fax or web form. Fax toll free 1-866-412-3784 or mail to Jan Drugs, 210 - 530 Kenaston Blvd, Winnipeg, MB, R3N 1Z4.

Confidentiality and Use of Information

All information you provide to Jan Drugs will remain confidential and be used to create your medical record. A Canadian physician will review your medical questionnaire. We may contact your physician if additional information is required. Please be thorough and use extra paper if necessary.

Shipping and Processing

Processing your order takes two to four business days once we have received all your information, and shipping takes seven to ten days. If you have not received your order within two weeks, please contact us. If you have not received your medications three weeks after shipping we will either refund your payment or reship the order. If your prescriptions are coming from both Canada and Jan Drugs International, they will be shipped separately but arrive at approximately the same time.

Medications Currently Being Taken

(not ordered from Jan Drugs)

Medication Taken	Dosage	Frequency

Medications Being Ordered

Medication Name	Strength	Quantity	Price
Add Shipping			\$9.95
Combine another order for shipping?: Yes <input type="radio"/> No <input type="radio"/>			Total Cost (in US funds):

Combine another order for shipping?:

Yes No

Total Cost (in US funds):

Payment Method

- Visa
- MasterCard
- Personal Check, Void Check, or Money Order (included with form)

Cardholder Name:

Credit Card Number:

Expiry Date:

Signature:

Generics

At Jan Drugs, we strive to maximize your savings by filling your prescription with generic medications wherever possible. If a lower priced generic is deemed substitutable by Manitoba Health, we will substitute it for your requested product unless your prescription is written "No Substitutions". Please call us if you would like more information about the benefits of generics, or ask your doctor.

Yes, I would like to use generic medications wherever possible to maximize my savings.

No, thank you. I understand this may cause a delay in processing my order if my doctor needs to be contacted for a non-substitutable prescription.

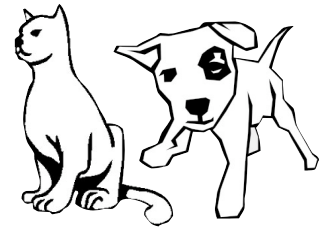
Quantities and Refills

International customs permits a maximum 3 month (100 day) supply of your medication to be mailed to you from Canada. You may have Jan Drugs refill your medication if your prescription allows these refills, and you have send us your original prescription. Once you have used up your refills, you must submit

Medical History

- Cancer
- Lung Disorders
- Heart Disease
- Kidney or Renal Disease
- Diabetes
- Seizures
- High Blood Pressure
- Arthritis, Osteoporosis
- Blood Disorders
- Liver Disease
- Other

Please provide details regarding checked boxes:



a new prescription. To ensure that your medications are still needed and appropriate, we will only honor refills for one year.

International orders for greater than a 3 month (100 day) supply will be automatically adjusted to 3 months (100 days).

All patients receiving prescriptions from a Manitoba licensed pharmacy are entitled to counselling for their medications.

Have you been taking the medications you are ordering for the past 30 days?

Yes No

We recommend ordering a smaller supply for new medications because of the higher chance of side effects. Products ordered from Jan Drugs are not returnable.

All medications will be dispensed in child safe packaging unless otherwise specified. Do you decline child safe (child resistant) packaging for your order?

Decline