



**www.GetCanadianDrugs.com**  
The Trusted Source for North America's Pharmacy Needs

### **Veterinary Medical Questionnaire**

**You only need to provide this form if you are ordering prescription items for your pet from us for the first time or if there have been changes to your pet's health status.**

**You do not need to provide this form if you are only ordering non-prescription items.**

**A copy of the owner's photo ID is required only if you are ordering a prescription item for your pet from us for the first time.**

If you are ordering prescription items for your pet from us for the first time, please take a moment to answer the following questions. Rest assured, the information you provide is strictly confidential and is used solely by our veterinarians and pharmacists for patient care purposes only.

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#### **I. Affiliate Information**

If you were referred by an Affiliate of GetCanadianDrugs.com, please provide the Affiliate Number: \_\_\_\_\_

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#### **II. Pet Owner's Information**

\_\_\_\_\_  
Last (Family) Name                      First Name                      Middle Initial

\_\_\_\_\_  
Street Address                      City                      State/Province                      Country                      Zip/Postal Code

\_\_\_\_\_  
Home Phone with Area Code                      Work Phone with Area Code                      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YY

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#### **III. Pet's Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Gender: M F                      Weight (lbs): \_\_\_\_  
MM / DD / YY

Veterinarian's Name: \_\_\_\_\_ Veterinarian's Phone (include area code): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Veterinarian's Full Office Address: \_\_\_\_\_



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#### **IV. Pet's Medical History**

Please indicate any food, drug or other allergies your pet may have: \_\_\_\_\_

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Please describe the nature of any of your pet's current health problems, including the diagnoses and duration of such problems:

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Please tell us about your pet's past health problems, including the diagnoses and duration of such problems: \_\_\_\_\_

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Please list all the medications your pet is currently taking, including the dosages and frequency: \_\_\_\_\_

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**Please update us if your pet's  
health condition changes  
in the future**





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**Customers who do not want to pay by credit card may pay direct from their checking accounts by fax or mail. Simply fax or mail us your personal check made out to [GetCanadianDrugs.com](http://www.GetCanadianDrugs.com)**

**Paying by check gets your order processed as quickly as paying by credit card because we process your check electronically.**

**For fastest processing, fax your personal check to us toll-free at 1-877-530-0700. If you do not have access to fax machine, mail your check to the address below.**

**Please note: We can only accept checks that are linked to checking accounts based in the United States.**

**We do NOT accept certified checks, bank drafts or money orders.**

**Our mailing address is:**

**GetCanadianDrugs.com  
103 – 20560 56<sup>th</sup> Avenue  
Langley, British Columbia, Canada  
V3A 3Y8**

**Your order will be processed upon receipt of payment. For faster processing, we recommend faxing a personal check as discussed above.**