

Cowichan Bay Dispensary

Name: _____

D.O.B.: _____ / _____ / _____ .

Purpose for use: _____

Disclaimer; By signing this I acknowledge that the information provided is accurate and true. Products purchased at C.B.D., are to be used as herbal remedies, not to be mistaken for medicine, only a real doctor will give you real medicine. Use of said remedies anywhere other than your home is not recommended by, or the responsibility of, C.B.D. .

Print: _____ . Sign: _____

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Date: _____ / _____ / _____ .

Member #: _____ .