



Intake Form

Personal Information

Full Legal Name _____ Preferred Name _____

Date of Birth _____ Gender (M/F/X) _____

Full Address _____

Phone Number _____ Voicemail ok? Y/N Email _____

Government-Issued Identification Card

Valid CT or Out-Of-State issued DL, CT Issued ID, CT Pistol or Firearm Permit, Permanent Resident Card, US Passport or Passport Card, Certification of Naturalization or Certificate of Citizenship (age restrictions apply)

Identification Number _____

Issue Date _____ Expiration Date _____

PLEASE PROCEED WITH THE FOLLOWING SECTIONS IF YOU ARE A MEDICAL PATIENT:

State Issued Medical Marijuana Card

Medical Marijuana ID Number _____

Issue Date _____ Expiration Date _____

Have you ever had a Medical Marijuana Card in CT? (Y/N)

If yes, where is the last dispensary you shopped in *medically*? _____

Are you registered as any of the following?

Industry Terminal Veteran

Caregiver Information (if applicable)

If you have a designated caregiver, please provide the following details:

Full Name of Caregiver _____ Caregiver DOB _____

Caregiver MMID Number _____ Caregiver's MMID Expiration _____

Caregiver's Email _____ Caregiver's Phone Number _____

Who is your certifying doctor? _____ Unsure

What is your certifying diagnosis? _____



Please list your symptoms: _____

Please list any other health conditions: _____

If applicable, are you currently pregnant or breastfeeding or planning on becoming pregnant or breastfeeding? (Y/N)

Please provide a medication list for the pharmacist to screen for any cannabis interactions with your medication.

Rate your familiarity with cannabis on a scale from 0 (no experience) to 5 (very experienced) (Circle) 0 1 2 3 4 5

Would you like a consultation with a pharmacist? (Y/N) _____

If NO, Please confirm that you would like to waive your consultation at this time. (Initials) _____

(You can always set up a consultation at any time in the future.)

Ayr Wellness Dispensary Rules, Acknowledgements & Agreement

Ayr Cannabis strives to create a safe and secure environment to offer relief to its valued patients & customers while providing cannabis, cannabis-infused or derived products, and related products and services. For the protection of its patients, & customers, Ayr Cannabis, its employees, and their patients & customers must adhere to stringent statutes, regulations, policies, and best practices. Accordingly, it is imperative that the following rules be followed at all times. Thank you for your cooperation and understanding.

ⓧ For the protection of our patients' privacy and security, Ayr Cannabis strictly prohibits photography and video recordings in the dispensary. Consumption of food and beverages is not allowed on the sales floor during cannabis dispensing hours, except for medical reasons. Additionally, loitering outside the dispensary before or after completing a transaction is not permitted.

ⓧ No consumption or vaporization of cannabis is allowed within the dispensary premises, parking lot, or surrounding area.

ⓧ Patients & customers are not permitted to touch any items containing cannabis until their transaction has been completed.

ⓧ Patients & customers are required to refrain from opening any cannabis product package in the dispensary or parking lot. All cannabis products must be opened only in a private residence or property to comply with local and state laws.

ⓧ Distribution & sale of cannabis, or sharing of medical-cannabis products is strictly prohibited as it violates local and state laws.

ⓧ Weapons of any kind are strictly prohibited on Ayr Cannabis premises.

ⓧ Any inappropriate behavior or language may result in being asked to leave the dispensary, and repeated offenses will lead to a permanent refusal of service.

ⓧ Ayr Cannabis emphasizes that public use or onsite consumption of cannabis, illegal drugs, tobacco, or alcohol is strictly forbidden on the dispensary's premises.

ⓧ Ayr Cannabis reminds you that the U.S. Food and Drug Administration (FDA) has not approved cannabis as a safe and effective drug for any indication. Cannabis remains a prohibited Schedule I controlled substance under federal law. Although state law may permit the manufacture, distribution, possession, and use of cannabis, you acknowledge its status under federal law and assume all associated risks. You release Ayr Cannabis and all related parties from liability arising from your purchase or use of cannabis, cannabis-infused or derived products, or related services.

ⓧ Cannabis may have side effects, including but not limited to increased heart rate, dizziness, lightheadedness, shallow breathing, loss of balance, slowed reaction time, increased appetite, and mood effects. By procuring or using cannabis or related products and services from Ayr Cannabis, you assume all associated risks.

ⓧ While under the influence of cannabis or cannabis-infused products, you agree not to engage in any potentially harmful or injurious activities, such as driving a motor vehicle or operating machinery.

ⓧ If you are pregnant/breastfeeding, cannabis use is not recommended.

If a patient violates any part of the regulations or rules set forth, Ayr Cannabis reserves the right to refuse service either temporarily or permanently.

Acknowledgment & Agreement

By signing below, you acknowledge that you have read understood and agree to the rules and regulations set forth by Ayr Wellness Dispensary. You also affirm that the information provided in this form is accurate and complete.

Signature _____ Date _____

Thank you for choosing Ayr Wellness. We look forward to providing you with exceptional care and quality medical cannabis products. If you have any questions, please feel free to ask our staff.

Communication Preferences

By checking the boxes below, you consent to receive communication from Ayr Wellness via the selected methods. This includes but is not limited to promotional information, product updates, and important announcements. You can change your preference at any time by contacting our staff.

I opt in to receive communication via text message to the provided phone number.

I opt in to receive communication via email to the provided email address.

Staff Initials _____ Date _____