

Permission to Treat/ Veterinarian Authorization Form

Animal's Name: _____

Animal Caregiver Name: _____

Phone No: _____

I, _____ give permission for
_____ to care for my animal in my
absence between _____. He/ she has my permission to contact B-C
Large Animal Clinic, LLC and have the veterinarian on call come to the farm to assess and treat
my animal. I authorize

_____ to treat and/ or make any
decisions in regards to my animal in a matter that is best suited to my animal's condition and I
state that *we* will be fully responsible for all fees and charges and will pay for all charges
incurred on my animal's behalf upon the day of service.

Client Name: _____

Client Phone No: _____

Client Address: _____

Signature: _____

Date: _____