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SHORT-TERM CONSENT TO TREAT / VETERINARIAN AUTHORIZATION

PATIENT'S NAME & SPECIES: _____ / _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PRIMARY PHONE: (____) _____ SECONDARY: (____) _____

OUT-OF-TOWN / VACATION CONTACT (Hotel, Relative, etc.): _____

TOWN, STATE: _____ PHONE: _____

CAREGIVER NAME: _____

CAREGIVER ADDRESS: _____

CAREGIVER'S PRIMARY PHONE: (____) _____ SECONDARY: (____) _____

CONSENT

I, _____, give permission to _____
(owner) (caregiver)

to care for my animal in my absence. 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 Dr. Alice Ennis, D.V.M., to treat and/ or make any decisions in regard to my animal in a manner that is best suited to my animal's condition and wellbeing.

I acknowledge that I accept full financial responsibility for all services and medications, etc., and will pay for all fees incurred on my animal's behalf upon the day of service.

The above statement is effective for the following dates:

BEGINNING: _____ / _____ / _____ ENDING: _____ / _____ / _____

Signed (owner): _____ Date: _____

Received (BCLAC): _____ Date: _____