



Mailing Address: PO Box 69, Canterbury, CT 06331
Clinic Address: 132 Westminster Road, Canterbury, CT 06331
Phone: 860.546.6998 • Fax: 860.546.6028
bclargeanimal@gmail.com • www.bclargeanimal.com

CONSENT TO TREAT / VETERINARIAN AUTHORIZATION FORM

PATIENT'S NAME & SPECIES: _____ / _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

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

OWNER'S EMAIL: _____

CAREGIVER'S NAME: _____

CAREGIVER'S ADDRESS: _____

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

CAREGIVER'S EMAIL: _____

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.

Signed (owner): _____ Date: ____/____/____

Accepted (caregiver): _____ Date: ____/____/____

Received (BCLAC): _____ Date: ____/____/____