Big Thicket Veterinary Clinic
24890 HWY 321
Cleveland, TX 77327
(281) 593-1876

Consent Form

Owner's Name:_____
Address:_____ Home Phone:_____
_____ Cell Phone: _____

I do hereby consent and authorize the associates of Big Thicket Veterinary Clinic to receive, hospitalize, and test (x-ray, Lab work, ect.), vaccinate, prescribe for, treat or operate upon, as the associates deem necessary for the health, safety, or the well being of my animal(s) while it is under their care and supervision.

You are to use all reasonable precautions against injury, escape or destruction of the animal(s). The associates of Big Thicket Veterinary Clinic are not to be held liable or responsible in any manner, whatever the circumstance, on account of the care, treatment or safe keeping of the animal(s) above described or otherwise in connection therewith, as it it thoroughly understood that I assume all risk.

If I neglect to pick up the animal(s) and fail to stay in contact with Big Thicket Veterinary Clinic about my plans, a written notice will be mailed to the above address to remove the animal(s). Fourteen (14) days after such written notice the animal(s) will be considered abandoned and may be disposed of as you deem best, and it is understood that you're doing so does not relieve me from paying for all of your services and the use of your clinic, includingthe cost of keeping the animal(s). I further realize that in the event I fail to pay any of the above fees, I will be liable for the reasonable forgoing and fully understand the terms and agree with the conditions set forth.

UNDER TEXAS LAW (CHAPET 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

ALL ANIMALS ADMITTED MUST BE CURENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)
DATE: _____ OWNER/AGENT SIGNATURE:_____ PHONE:_____
(Where I can be reached today)