

For RESIDENTIAL delivery address

## Optional Shipping Signature Waiver

I/we, \_\_\_\_\_, hereby waive the requirement that any packages shipped by BCP Veterinary Pharmacy require a signature for delivery to my/our residence. **I/we understand that by signing this waiver, any shipping losses shall be my sole responsibility and NOT BCP Veterinary Pharmacy or the shipping carrier.** This Shipping Signature Waiver shall remain in effect until BCP Veterinary Pharmacy receives written notification that this waiver has been rescinded.

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Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ RX Number \_\_\_\_\_

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Shipping Address [**RESIDENTIAL**] \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Phone Numbers    *home*                      *work*                      *cell*

I/we understand that by signing below, **I/we waive our rights to claim any shipping losses associated with the package being lost, stolen, misdelivered or damaged due to being left by the shipping carrier without the driver obtaining a signature.**

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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**Signature [by hand]**

\*\*Return to BCP via one of the following methods:

- Fax: 1-866-738-2439
- Email: [Refill@BCPVetPharm.com](mailto:Refill@BCPVetPharm.com),
- Website: File Upload link under "Contact" on our website, [www.BCPVetPharm.com](http://www.BCPVetPharm.com)
- Mail: BCP Veterinary Pharmacy, 1614 Webster St., Houston, TX 77003.

\*\*The Shipping Signature Waiver must be properly signed, dated, and returned to BCP Veterinary Pharmacy to become effective.