

# Veterinary Treatment Authorization



This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet requires treatment during your absence and we are unable to contact you. Should you change veterinarians please notify Camp Biscuits, prior to your next service date, so we may update our records.

Camp Biscuits reserves the right to utilize the services of any available veterinary clinic. If time permits, Camp Biscuits will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

**This form MUST be signed to authorize treatment.**

## Client Information

Name

.....

Address

.....

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email

## Primary Veterinarian

Name

.....

Address

.....

City

State

Zip Code

Phone

Emergency Phone

*continues on next page*

# **Veterinary Treatment Authorization Continued**



## Authorization

To whom it may concern:

During my absence a representative of Camp Biscuits will be caring for my pet. I give Camp Biscuits my permission to transport my pets to my veterinarian (or to a pet emergency clinic). In the event I cannot be reached, I authorize Camp Biscuits to act as an agent on my behalf regarding my pets medical care. I accept full responsibility for charges incurred in the treatment of my pet, not to exceed the following amounts for each pet:

Pet Name & Description	Maximum Amount
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I authorize veterinary treatment for my animal during my absence. I understand that Camp Biscuits assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

Print Name

**Signature**

Date