



# CAMP GRACE

14100 N Choctaw Road, Jones, OK 73049  
campgraceok@gmail.com  
www.campgraceok.com  
(405) 664-7680

## Veterinarian Treatment Authorization\*

This legally binding form will be retained on file at CAMP GRACE and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, while in our care, AND we are unable to contact you at the time. You must have a minimum of 2 copies of this form. A copy to leave with your veterinarian(s) and a copy for CAMP GRACE. Should you change veterinarians please notify Camp Grace before service dates. A copy must be on file with the primary veterinarian listed below to be retained in the pets' medical file. \*This form MUST be signed to authorize treatment.

Pet Owner's Name

Address

City State Zip Code

Home Phone Work Phone Cell Phone

(Must provide at least one phone number.)

To whom it may concern: During my absence a representative of Camp Grace will be caring for my pet(s). I give Camp Grace (Grace Senn) my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached I authorize Camp Grace to act as an agent on my behalf.

Pet Name	Description	Maximum Amount OR As Needed
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If your pet becomes ill or injured, every attempt will be made to utilize your primary veterinary clinic listed below. In case of an emergency or if your veterinary clinic is unavailable, Camp Grace reserves the right to utilize the services of any available veterinary clinic.

Veterinary Clinic Phone

Address

City State Zip

After hours and weekends: (Emergency Clinic Name and Location)

Name Phone

Address



I authorize veterinary treatment my pet(s) during my absence. I understand that Camp Grace (Grace Senn) assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense. I further attest that I have made advance arrangements with my veterinarian to pay all charges and fees that are incurred on my behalf, immediately upon my return.

Signed Date