

CAMP BARK

Medical Authorization

I _____, authorize Camp Bark, LLC and it's staff to obtain and contract on my behalf, emergency medical care and/or hospital admission for my camper (dog) in the event, and at their discretion, that such care is warranted.

By signing this authorization, I pre-authorize the chosen medical care provider to charge this card for all medical care for my dog(s) at the time service is provided. I affirm that the card information I have provided below is current, accurate, valid and in good standing with the issuer.

Name on Card

Card Type

Expiration Date

Card Number

Card ID #

Billing Zip Code

Date

Parent's Name(s)

Parent's Signature:

Camper Name(s)

Verified By: