



354 E. 66<sup>th</sup> Street New York, NY 10065

(212) 288-8884

## CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND BRING IT TO YOUR NEXT VISIT OR RETURN IT TO OUR OFFICE BY FAX: (212) 288-9432

Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Credit Card Type:  
\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ (USD)

Further, I authorize University Animal Hospital to keep this credit card authorization in my pet's file. I give permission for all current and future charges for my pet(s) to be charged to the above mentioned card.

Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_