



CREDIT CARD AUTHORIZATION FORM

This is an optional form. For your convenience, we offer the option of leaving a credit card on file. This is a great option for owners who often have other people picking up their pet(s)

I authorize The Pet Doctors of Sherman Oaks and its staff or associates to charge my credit card for balances due and any future delinquent charges for:

Choose 1 of the following options:

- _____ (initials) For a ONE TIME USE for my pets visit on _____ (account # NOT KEPT on file)
- _____ (initials) Only upon my request (account # to be kept on file)
- _____ (initials) All visits/services (account # to be kept on file)

Please check the appropriate type of card:

Note: We cannot keep Care Credit account numbers on file as they require ID verification and cardholder signature for every transaction.

American Express _____ MasterCard _____ Visa _____ Discover _____

Credit Card Number: _____ Exp Date: _____

CCV #: _____ BILLING STREET ADD #: _____ BILLING ZIP #: _____

Cardholder name: _____

Cardholder signature: _____ Signature Date: _____

OFFICE USE ONLY:

CS Client/Chart name: _____ Pet Doctors CS Client ID Number: _____

Received/Reviewed/Updated CS CC Exp/Type Fields (CSR Initials): _____ Date: _____