

PETS & VETS ANIMAL CLINIC
700 71 STREET MIAMI BEACH FLORIDA, 33141
(305) 861-1113
FAX: (305) 861-1181

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential.

Please note that attached needs to be:

- ❖ A copy of the credit card (front and back)
- ❖ A copy of the drivers license

I, _____, authorize Pets & Vets Animal Clinic to apply charges for my pet(s), _____, to my credit card provided below.

For further questions you may contact me:

- ❖ Phone Number: _____
- ❖ E-mail Address: _____

This authorization is:

- ____ For this visit only.
- ____ For all visits this year.
- ____ In case someone needs to bring in my pet.

Name (As it appears on card):

Billing Address:

Credit Card Type (Please Circle One):



Credit Card Number: _____

Expiration Date: _____ / _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

right of card) (for AmEx, four digits located on front

Amount to Charge: \$ _____ (USD)

Cardholder- Please sign and Date below

Signature: _____

Print Name: _____

Date: _____