



Credit Card Authorization

I hereby authorize Family Animal Hospital to keep my card on file and charge my card for payment for the treatment/care of my pets. This is to be done when I am not present for exams, during emergencies, or if another family member brings my pets to a visit. I understand and accept any and all charges that are incurred if I am not present for the care of my pets.

Print Name: _____

Signature: _____

Client ID: _____

Card Type: _____

Card Number: _____

Security Code: _____ Exp. Date: _____

Billing Address (If different from the Home address on file)

Email Receipt to: _____

This contract is binding and to be carried out until I call or say otherwise. In which case, this document will be removed from Family Animal Hospital files.