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CREDIT CARD AUTHORIZATION

I, the undersigned, do authorize Rose City Veterinary Hospital to charge my credit card for services.

_____ On this date(s) _____

_____ For ongoing treatments or services.

***Fill out this section entirely or a \$1.00 service charge will apply.**

Cardholder's Name _____
Telephone Number _____ FAX _____
Circle one: Visa MC AMEX DISC CareCredit
CC# _____ CVV# _____
Expiration Date _____ Phone Number _____
(Required) # Address on CC Bill _____ Zip Code _____ (For example, if the bill for the card is sent to 2695 E. Foothill Blvd., you would put 2695)
I have read and understand the charges as outlined above and authorize the use of the credit card listed.
Signature _____ Today's Date _____

Client Account _____

Pet's Name _____

Date _____ Charged by _____