



Credit Card Authorization Form

Please complete all of the fields. You may cancel this authorization at any time by contacting our front desk. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Billing Zip Code: _____

I, _____, authorize The Country Vet to charge my credit card above for agreed upon charges. I understand that my information will be saved, if indicated, for future transactions on my account.

Cardholder Signature

DATE

- I would like my card saved on file for future visit charges
- I would NOT like my card saved on file for future charges.