

Credit Card Authorization Form

Please complete all fields:

I, _____, authorize Valley Ranch Pet Clinic to charge my credit card below for all current and future services provided. I understand that my information will be saved to my file.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Care Credit
Card Holder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV number: _____
Cardholder ZIP Code (from CC billing address): _____

Signature: _____ Date: _____