



Credit Card Authorization Form

I, _____ (cardholder's name), authorize Animal Specialty Group, Inc. to charge the following credit card for the sole purpose of services rendered on _____.
("patient's name", owner's name)

I authorize Animal Specialty Group, Inc. to charge my credit card for essential veterinary medical care not exceeding \$_____.

Credit Card Information

Credit Card Type: Visa MasterCard AMEX Discover
Cardholder's Name: _____
Credit Card Number: _____
Verification Number: _____ Zip: _____ Expiration Date: _____

(Cardholder's Signature) _____
(Date)

Please fax (1) this completed form, (2) a photocopy of the above referenced credit card (front & back), and (3) a copy of the cardholder's valid driver's license.

fax to: (818) 507-9418

If you have any questions, please contact us at **(818) 244-7977**.
We look forward to doing business with you.