



DESERT  
VETERINARY  
MEDICAL  
SPECIALISTS

The experts in compassionate care.

# CREDIT CARD AUTHORIZATION FORM

*I authorize Desert Veterinary Medical Specialists to charge my credit card for the veterinary services provided for my pet. I understand that I am giving Desert Veterinary Medical Specialists permission to charge my credit card without my signature on the charge slip.*

Patient Name:		
Client Name:		
Client Billing Street Address*:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Date(s) of Service:		
Amount Authorized:		
Type of Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		
Card Number:		
Expiration Date:		
Credit Card Security Code**:		
Card Holder's Name:		
Card Holder's Signature:		
Date:		

Visa, MasterCard, and Discover charges will appear as *Allied Veterinary Services* on your credit card statement.

\* Client billing address must include street, city, state, and zip code, and must match the billing address on file with the credit card being used.

\*\* Visa, MasterCard, and Discover have a three digit code on the back of the card above the authorized signature area. American Express has a four digit code on the front of the card.