



106-3021 Shakespeare Street
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Credit Card Authorization

By completing and signing this form I authorize City Pets Animal Clinic to charge the credit card listed below up to the indicated amount, on or after the indicated date, for veterinary products and services for the indicated patient(s).

I _____ authorize City Pets Animal Clinic to charge my
(full name)
credit card indicated below for up to \$ _____ on or after ____ / ____ / ____.
(amount) (mm/dd/yyyy)

This card may be charged for products and services rendered for the patients listed below.

_____	_____
Patient Name	Species
_____	_____
Patient Name	Species
_____	_____
Patient Name	Species

Billing Address: _____

City: _____ **Postal Code:** _____

Card Type: Visa _____ Mastercard _____

Cardholder Name: _____

Account Number: _____

Expiration Date: ____ / ____ **CVV:** _____

I certify that I am an authorized user of this credit card and I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

Signature: _____ **Date:** _____