



MASH
 METROPOLITAN ANIMAL
 SPECIALTY HOSPITAL

CREDIT CARD AUTHORIZATION FORM

I, _____ (cardholder's name), authorize Metropolitan Animal Specialty Hospital to charge the following credit card for the sole purpose of services (i.e. past services, visits, procedures/surgeries and/or recurring charges) rendered on my pet, _____.
 (patient's name, owner's name)

I authorize Metropolitan Animal Specialty Hospital to charge my credit card for essential veterinary medical care not exceeding \$_____.
 (enter max amount or write "open")

Credit Card Information

Credit Card Type (Please circle): Visa MC Disc AMEX

Cardholder's Name: _____

Credit Card Number: _____

Verification Number: _____ Expiration Date: _____

Billing Address on Card: _____ Zip: _____

E-Mail Address: _____

I understand that this form is valid up to a year unless I cancel the authorization with written notification to the hospital.

 (Cardholder's signature)

 (Date)

Please fax the completed form and send a clear photocopy of the above referenced credit card (front and back) as well as a copy of the cardholder's valid driver's license to (855)710-7413. If you have any questions, please contact Metropolitan Animal Specialty Hospital at (855)350-7387. We look forward to doing business with you.