

# Credit Card Authorization Form

All information will remain confidential.



<b>Cardholder Information</b>			
First:	M:	Last:	
Billing Address:			
City:	State:	Zip:	
Phone:	Email:		
<b>Patient Information</b>			
Name:	Species:	Breed:	
<b>Credit Card Information</b>			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Care Credit (6 month payment plan)			
Credit Card Number:		Expiration Date:	
Card Identification Number (last 3 digits located on the back of the credit card):			
Amount:			
<b>Department</b>			
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Oncology	
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Surgery	

I authorize Las Vegas Veterinary Specialty Center to charge the agreed amount listed above to my credit card provided herein. I understand that the above amount will be posted to the aforementioned credit card upon receipt of this authorization. Any additional charges/amounts must be approved by me and only me prior to the posting of said charges.

In addition to this written authorization letter, a legible copy of my credit card both front and back and my state driver's license must be attached, transmitted via facsimile with this authorization to 702-262-7000, or emailed to [forms@lvvsc.com](mailto:forms@lvvsc.com).

Cardholder Signature:	Date:
Print Name:	

Office Use		
LVVSC Staff Initials:	Mobile:	Procedure: