



**Credit Card Authorization Form**

I hereby authorize \_\_\_\_\_ to charge my credit card for services rendered. Please select one below and initial

\_\_\_\_\_ Board Only

\_\_\_\_\_ Veterinary Services Only

\_\_\_\_\_ Board and Veterinary Services

Name as it appears on card: \_\_\_\_\_

Billing address of Care: \_\_\_\_\_

\_\_\_\_\_

**Visa**

**MasterCard**

**American Express**

**Discover**

Credit Card Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_