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Credit Card Authorization Form for Credit Card on File

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I HEREBY AUTHORIZE Gulfshore Animal Hospital to charge all applicable charges for medications or supplies given to, or services performed on my pet(s) while in the care of Gulfshore Animal Hospital. A copy of the credit card receipt and an itemized invoice will be given to or mailed to me for all charges made.

Signature: _____

Date of Authorization: _____