

Laurel Pet Hospital
Credit Card Authorization Form

(PLEASE ONLY CHECK ONE)

_____ I Authorize Laurel Pet Hospital to charge my credit card for veterinary services on _____

(FOR ONE TIME USE ONLY)

_____ I Authorize Laurel Pet Hospital to keep my card number on file for future use.

Card Holder Name: _____

Card Number : _____

Expiration Date : _____ CVV2 Code _____

Card Type: _____

Billing Address _____

Signature: _____ Date: _____

Office Use Only

Date _____ LPH Employee _____

Client Name _____ File # _____

Patient Name(s) _____, _____