



DALLAS VETERINARY CLINIC
raised locally  *trained globally*

Credit Card Authorization

Full Name As it Appears on Card: _____

Card Type: _____ Full Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Apt: _____ City/Zip: _____

Phone number of Cardholder: _____

Full names of all persons you authorize to incur charges at DVC using this card number, and each persons' relationship to you. _____

Driver License Number & State (for cardholder) _____

Signature: _____ **Date:** _____

**please have a valid driver license or identification card matching the name and address you entered above, ready when you arrive with your pet(s).*

If this card is cancelled, expired or otherwise compromised such that charges cannot be made to the account, I will notify DVC immediately and provide alternate payment prior to incurring any charges for goods or services (services including professional consultations and no-show fees, etc).

Authorization to pay for services at DVC as they are incurred, until notice is submitted in writing to terminate this agreement.

The physical card will need to be presented at first appointment.