



CREDIT CARD AUTHORIZATION FORM

***PLEASE PROVIDE A COPY OF CREDIT CARD. (FRONT & BACK)

Date _____

I, _____ authorize South Beach Animal Hospital to charge my
credit card # _____ Expiration date _____ for all
animal care at the time services are rendered.

_____ Signature (as on card)	_____ Name (as on card)	_____ Date
_____ Witness Signature	_____ Witness Name	_____ Date