Atlantic Animal Clinic

CREDIT CARD PERMISSION FORM

Instructions:

1. Please print and fill out our form
2. Provide legible copy of your current driver's license. Picture and signature must be visible.
3. Legible copy of your credit card, back and front, or credit card must be present.
4. Person to use credit card must have current ID/Driver's License and must match the person indicated on this permission form.

I, _____ hereby authorize _____ to use my credit
Credit Card Holder (print) **Person to use credit card** (print)
card on services rendered for my pet at Atlantic Animal Clinic on _____.
Date

Name as it appears on card: _____

Card Type: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover

Other options for use:

☐ Multiple dates of treatment _____ to _____

☐ Indefinitely

_____ _____
Card Holder Signature Date