



COMPANION
ANIMAL
HOSPITAL

Castro Valley Companion Animal Hospital
2509 Lessley Ave.
Castro Valley, CA 94546

On File Credit Card Authorization Form

Castro Valley Companion Animal Hospital is authorized to maintain credit card payment information in their confidential files. My signature below authorizes Castro Valley Companion Animal Hospital to review this information and when instructed by me to deduct fees from the credit card below (a new form must be completed for each credit card on file).

We accept Visa, MasterCard, Discover, American Express and Care Credit

Card Information

Card Type: Visa MasterCard Discover American Express CareCredit

Name on Card: _____

Account Number: _____

Expiration Date: _____ **CCV Code (on back)** _____

Cardholder Signature: _____ **Date:** _____

Is any else authorized to use this credit card?

Printed Name: _____

Cardholder Signature: _____ **Date:** _____

Please accompany this form with a copy of your driver's license or photo ID for all parties listed above. A copy of the credit card to be stored must be provided as well.