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Director
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Credit Card Authorization Form

Thank you for choosing East Side Animal Hospital as the primary Veterinary care team for your pet. We feel confident that you will be satisfied with the services we provide and hope to develop an ongoing relationship with you and your pet. We ask that our clients pay for their pet's care at the time of treatment. For your convenience, we welcome both Visa and Mastercard, as well as most debits. In cases where your treatment is completed and your balance remains unpaid, your credit card can be charged automatically and kept on file (we can also then use your stored information to process requests you may make over the phone, i.e. ordering food or medication which can be delivered, in the event you are unable to make it into the office). Please be assured that East Side Animal Hospital will keep all client information 100% confidential.

Kindly provide your endorsement and credit card information below.

Please read and sign one of the following boxes:

➤ *I decline to keep my card on file at this time, but acknowledge that if decided to do so in the future, and given my credit card number over the phone I accept the terms of this agreement.*

Signature _____ Date _____

➤ *I authorize all veterinary services, including but not limited to, medical treatment, boarding, grooming, feeding, any delivery charges, and prescription medications that have a balance left unpaid to be paid in full with the following credit card. I understand that any balance left on my account that was not paid at the time services were rendered will be charged to my credit card, even in the unlikely event that I am not able to be reached by telephone. The credit card listed will be used for all of my pets that are seen at East Side Animal Hospital, even if a credit card authorization form is not signed for each pet. In the event that I may write a check and the check is returned for insufficient funds, I authorize the use of this card. Should my credit card get denied, these charges are due and payable directly upon notice. East Side Animal Hospital reserves the right to discontinue use of my credit card as a method of payment without prior notice.*

Date Signed _____ Printed Name _____

Signature _____ Credit Card: *(please circle)* Mastercard Visa
(By signing above, I understand and consent to the terms of this agreement)

Credit Card # _____ Last 3 security digits _____
(located on back of card)

Date of Expiration: _____ Is the billing address the same as your home address? Yes No
(if no, please provide billing address)