



For Office Use Only:  
Patient Name:

Owner's full Name (as  
appears on file):

Credit Card Authorization Form

Credit Card Type: Visa    Mastercard    American Express    Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State Issued: \_\_\_\_\_  
(A copy of your license is required)

I, \_\_\_\_\_, authorized user of the above mentioned  
account, allow "Miami Veterinary Specialists" to charge my credit  
card for the veterinary services for my pet,

\$ \_\_\_\_\_ Enter amount authorized or write "OPEN" to use for  
future services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pets full name: \_\_\_\_\_ Client ID: \_\_\_\_\_