



CREDIT CARD AUTHORIZATION FORM - Pet Sitting Treatment Agreement

Fax 310-393-8198

This letter authorizes _____ to act on my behalf and to consent to treatment, for my pet, _____, who may need care during my absence.

Acting as my agent, the above named person is authorized to use my credit card described below for services rendered to the above named pet.

This authorization is valid from _____ to _____

Please circle one Visa Mastercard Discover Amex

Name as it appears on card: _____

Billing Address _____

Account # _____

Expiration Date: _____ CVV Number: _____

I understand that Santa Monica Pet Medical Center will use this card to pay for products purchased or services rendered.

Print Name: _____ Contact Phone: _____

Address: _____

Email Address: _____ @ _____

Signature: _____ Date: _____