



1534 14<sup>th</sup> St  
Santa Monica, CA 90404  
310-393-8218  
Fax 310-393-8198  
www.petmedical.com

## OUTSIDE PARTY PAYMENT AUTHORIZATION FORM

I, \_\_\_\_\_, agree to allow Santa Monica Pet Center to charge services, prescription and product sales for this client/patient: \_\_\_\_\_ to this company, \_\_\_\_\_. This company agrees to pay all bills in full upon receipt. Santa Monica Pet Medical Center agrees to only bill for products and services received and/or provided to the above pet and owner.

Client Name: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DL #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

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