



1534 14th St
 Santa Monica, CA 90404
 310-393-8218
 www.petmedical.com

CREDIT CARD AUTHORIZATION FORM-Pet Sitting Treatment Agreement
 Fax 310-393-8198

City of Angels	ASEC
9599 Jefferson Blvd	1535 S. Sepulveda Blvd
Culver City	Los Angeles
310-558-6111	310-473-1561

This letter authorizes _____ to act on my behalf and to authorize treatment, for my pet, _____, who may need during my absence. Acting as my agent, the above-named agent is authorized to use my credit car described below for services rendered to the above-named pet.

The authorization is valid from _____ to _____

Please circle one:	VISA	MASTERCARD	DISCOVER	AMEX
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Name as it appears on card _____

Account # _____ Billing Address _____

Exp Date _____ CV # _____

I understand that Pet Medical Center will normally be used for services or products. However, in an emergency or after hours, one of the above Emergency Hospitals will be used.

Print Name: _____ Contact Phone: _____

Signature: _____ Date: _____