



Hawkins Animal Hospital & Wellness Center

354 Hawkins Avenue, Ronkonkoma, NY 11779

(P) 631-981-8111 (F) 631-981-2821

Authorization to Keep Credit Card On File: Sign and complete this form to authorize keeping your credit card on file for future transactions.

Cardholder Information

First: _____ Last: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit Card Information

Visa Mastercard Discover WellsFargo

Credit Card Number: _____ Expiration Date: _____

CVV (last 3 digits located on the back of the credit card): _____

I authorize Hawkins Animal Hospital & Wellness Center to charge the credit card provided if I am not present (verbally over phone) and to keep on file. I understand that the amount charged will be posted to the aforementioned credit card upon receipt of this authorization and is based on related services requested by me & provided by HAHWC. I understand that this authorization will remain in effect until I notify for termination of this authorization.

Cardholder Signature: _____ Date: _____

Return and Refund Policy:

Your signature affirms you understand the return/refund policy of this hospital, stating that open medications and prescription items are not returnable for refund. Un-tampered items in original packaging without damage or evidence of tampering can be returned within 30 days for inspection and possible refund, or credit.

Laboratory testing and services rendered are non-refundable after services rendered.

Deposits paid over the phone, or not in person for surgeries, ultrasounds, dental cleanings and procedures are non-refundable unless requests to cancel or reschedule those appointments are made within 2 business days of the scheduled appointment with a live representative of our company. Deposits cancelled with insufficient time are non-refundable