



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type:

MasterCard VISA Discover AMEX

Cardholder Name (as shown on Card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP code (from credit card billing address): _____

I authorize Oak tree Animal Hospital to charge my card above for agreed upon purchases. I understand that my information will be saved on file for future transactions to my account.

Customer Signature

Date