



Credit Card Authorization Letter

Date: _____

I, _____ as owner and/or agent, do hereby authorize Las Vegas Veterinary Referral Center to post payment to my credit card, Visa, MasterCard, American Express, Discover, Care Credit (circle one), for services rendered by Surgery, Internal Medicine, Oncology, Ophthalmology, Critical Care or Cardiology departments (circle one) with account number _____, expiration _____, 3 digit # on back _____ and the name as it appears on the credit card, _____, for veterinary services rendered for patient, _____, in the amount of _____. The plan I wish to use for Care Credit is _____ months.

I understand that the above amount will be posted to the aforementioned credit card upon receipt of this authorization. Any additional charges/amounts must be approved by me and only me prior to the posting of said charges.

In addition to this written authorization letter, a legible copy of my credit card both front and back and my state driver's license must be enclosed and *transmitted via facsimile with this authorization to 702-262-7000.*

Date: _____

Credit Card Bearer Signature: _____

Address and Zip Code Credit Card bills are sent to:

Phone Number: _____

LVVRC Staff Initials: _____

Date: _____