



For Office Use Only:
Patient Name:

Owner's full Name (as
appears on file):

Credit Card Authorization Form

Credit Card Type: Visa Mastercard American Express Discover

Account Number: _____

Expiration Date: _____ Security Code: _____

Name as it appears on the card: _____

Billing Address: _____

City State: _____ Zip Code: _____

Driver's License: _____ State Issued: _____

(A copy of your license is required)

I, _____, authorized user of the above mentioned
account, allow "Miami Veterinary Specialists" to charge my credit
card for the veterinary services for my pet,

\$ _____ Enter amount authorized or write "OPEN" to use for
future services.

Signature: _____ Date: _____

Pets full name: _____ Client ID: _____

Miami Veterinary Specialists
8601 Sunset Drive
Miami, Florida 33143
T: 305-665-2820 F: 305-665-2821