



GUARDIAN EQUINE
Veterinary Services

Credit Card Authorization

Owner Name: _____ Email: _____

Home Address: _____ City/State/Zip: _____

Name on Card (if different than above): _____

Billing Address (If different than above): _____

Primary Phone #: _____ Secondary Phone# _____

Type of Card (circle one): Master Card Visa Discover Amex Care Credit

Card Number: _____

Expiration Date: _____ Verification Code (3-4 digit code): _____

Options (Please choose one):

_____ Please put my credit card on file and charge my card automatically for all charges incurred on the day of veterinary services performed

_____ Please put my credit card on file but verify amount prior to charging at time of appointment. *This verification of charges includes estimate approval and verbal agreement at time of appointment confirmation.* If Guardian Equine Veterinary Services is unable to contact you via phone/email provided above, the card will be charged including billing and interest fees 30 days after the invoice is issued.

_____ Please put my credit card on file for use as directed below. *This may include card on file for ER services only (up to specified amount/type of service) or for routine care only (up to specified amount/type of service)*

I understand that payment is due at the time services are rendered and if owner is not available for payment a credit card is required to be on file prior to veterinary appointments/services. My credit card will be charged as listed above; any invoices not paid will be subject to 1.5% service fee accrued on a monthly basis.

Signature: _____ **Date:** _____