



EMERGENCY CHARGE CARD AUTHORIZATION

DATE: _____

FROM: _____
(Cardholder)

TO: Shore Dog Walk

I hereby authorize Shore Dog Walk to accept and process payment(s) for emergency veterinary care via my credit card. I hold the following card:

Name on Credit Card: _____

Credit Card Billing Address:

Street: _____

City, State and Zip: _____

Credit Card #: _____

Type of Credit Card: _____ Expiration Date: _____

Security Code: _____

Phone: _____ Email: _____

I understand that this authorization will remain on file at Shore Dog Walk and that this agreement will not be valid unless accompanied by picture identification.

Signed: _____
(Cardholder)

Print Name as Shown on Card: _____
