



Credit Card Authorization Form

Date: _____

I hereby authorize Warner Center Pet Clinic to use my Credit Card for services.

_____ On this date(s) _____

_____ For ongoing treatments or services.

Fill out this section entirely or a \$1.00 service charge will apply.

Cardholders Name: _____

Telephone Number: _____ FAX: _____

Circle one: Visa MC AMEX DISC CareCredit

CC# _____

(*Required) # Address on CC Bill: _____ Zip Code: _____

For Example if the Bill for the card is sent to 20930 Victory Blvd. You would put 20930

Expiration Date: _____ Telephone #(_____) _____

Signature: _____

Client Account: _____

Pet's Name: _____

IMPORTANT!!!! Please return to correct hospital .

20930 Victory Blvd ~ Woodland Hills, Ca ~ 91367 (818) 710-8528 FAX (818) 710-9312

2695 East Foothill Blvd ~ Pasadena CA 91107 (626) 796-8387 FAX (626) 796-9251