



Date: _____

I _____, am giving Animal House Veterinary Center permission to run my credit card/Care Credit card for services rendered in their hospital when I am not present. I am authorizing _____, to be able to sign the credit card/care credit slip in my absence. This letter will be valid until I put in writing to Animal House a change in this authorization. I also agree to pay for this purchase in accordance with the issuing credit card processing company.

Credit Card/Care Credit number: _____

Name on Card: _____

Expiration Date: _____

3 digit CIV code: _____

Billing Address: _____

Printed Name: _____

Signature: _____ Date: _____

Witness: _____

ATTATCH PHOTO COPY OF DRIVERS LICENSE

Animal House Veterinary Center
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Ewa Beach, Hi 96706
808-689-1797