

VCA ANIMAL SPECIALTY & EMERGENCY CENTER

1535 South Sepulveda Blvd., Los Angeles, CA 90025
Specialty Depts. 310-473-5906 • 24HR. Emergency/ICU 310-473-1561 • Fax 310-479-8976
www.ASECvets.com

CREDIT CARD PREAUTHORIZATION

Dear Client,

For your convenience you may pay your account balance with your credit card. Please complete the information below. **Please note, along with the following information a clear copy of both the authorized credit card and driver's license or ID are necessary for payments being made without the cardholder being present.**

Client Name _____ Pet Name _____

I, _____, authorize Animal Specialty & Emergency Center
PRINT NAME

to charge my credit card account for the amount due.

Please check one of the following options:

_____ Past Services _____ Reoccurring Charges (within one year)

_____ This Visit Only _____ In the Amount of: \$ _____

_____ MasterCard _____ Visa _____ American Express _____ Discover _____ Care Credit

Credit Card # _____ - _____ - _____ - _____

*CID # (from the back or front of the card, depending on card type) _____

Expiration Date ____/____/____

SIGNATURE

DATE

LAST NAME _____

FOR HOSPITAL USE ONLY

PATIENT ID. _____