



### **CREDIT CARD PAYMENT AUTHORIZATION**

Thank you for choosing VCA Animal Specialty Group for your veterinary care services. In order to process a deposit or payment for your pet's veterinary care, we will need your written authorization to accept a credit card payment in your absence.

Please fill out the following form and return by email or fax. Thank you!

Email: [vcaasg@vca.com](mailto:vcaasg@vca.com)

Fax: (858)560-0206

I, \_\_\_\_\_ hereby authorize, VCA Animal Specialty Group to charge my  
(Client Name Here)

\_\_\_\_\_ account ending in \_\_\_\_\_ for veterinary services provided to my pet.  
(Credit Card Type) (Last 4 Digits)

Amount Authorized to be charged: \$ \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **VCA Animal Specialty Group**

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