

South Mesa Veterinary Hospital
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Credit Card Authorization Form

Please complete this form if you would like South Mesa Veterinary Hospital to charge your credit card for services rendered. The use of this form is optional and this service is provided for convenience as requested by the cardholder whom is not able to sign for the transaction(s) in person. This form will remain on file in a secure location used only for the purposes indicated below.

Information to be completed by the cardholder:

Full Name: _____ Phone Number: _____

Patient Name: _____

Date of Service(s): _____

Summary of Services to be Performed:

Cardholder Name: _____

Credit Card Number: _____

Credit Card Type: Visa American Express MasterCard Discover

Expiration Date: _____

Security Code: _____

Credit Card Billing Address: _____

I, _____, authorize South Mesa Veterinary Hospital to charge my credit card for the costs of services performed on the dates listed above. The above information is complete and correct.

Cardholder Authorizing Signature: _____

Date: _____