

WASHINGTON DOG AND CAT HOSPITAL
1692 WEST WASHINGTON BLVD
LOS ANGELES, CA 90007
FAX (323)731-8495
(323)735-0291

CREDIT CARD AUTHORIZATION

DATE _____

I authorize Washington Dog and Cat Hospital to use my credit card to pay for services/
treatment for my pet(s) _____.

VISA/MC/DISC/AMEX

CREDIT CARD# _____

EXP. _____

SECURITY CODE# _____

((VISA/MC/DISC FOUND ON THE BACK OF THE CARD LAST 3 NUMBERS) & AMEX
FOUND IN FRONT OF THE CREDIT CARD)

SIGNATURE _____

PRINT NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

CA ID/DL # _____ D.O.B _____ EXP _____

CHECK ONE BELOW:

TO BE KEPT ON FILE FOR LONG TERM USE _____

TO BE KEPT ON FILE FOR ONE TIME USE _____