SAN ANTONIO EQUINE HOSPITAL

17555 Old Evans Rd, Selma, TX 78154 210-651-6375 ♦ 210-651-6376 (Fax)

CREDIT CARD ON FILE

Payment is due at the time veterinary services are rendered, regardless of insurance status. We accept payment in the form of cash, check, or credit card (Visa, MasterCard, American Express or Discover).

If you would like to charge your credit card for veterinary services, you must complete the information below and sign the credit card authorization.

Credit Card Information/Authorization

Owner's Fu	ıll Name: _				
Cardholder (As it appears o	's Name: n the credit card)				
Mailing Add	dress for Cre	edit Card:			
City			State	Zip Code	
Card Type:	(Please Circle	e One)			
	VISA	MasterCard	American Express	Discover	
		Debit or Cre	edit (Please Circle)		
Credit Card	l Number:				
Expiration Date:			CV2-Code:		
I authorize Services or		Equine Hospital to	charge the above credit ca	rd for Veterinary	
Cardholder's	Signature		 Date		