



# KINGS ROW PET HOSPITAL

## Client Financial Information (Vacation Charge Card Release)

Client Name \_\_\_\_\_

Client Chart # \_\_\_\_\_

My Emergency Contact Number: \_\_\_\_\_

Person authorized to make medical decisions for my pets, in my absence:

Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pets name:

\_\_\_\_\_ Species \_\_\_\_\_

\_\_\_\_\_ Species \_\_\_\_\_

\_\_\_\_\_ Species \_\_\_\_\_

Visa M/C Discover American Express Care Credit (circle one)

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Security code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

I authorize Kings Row Pet Hospital to charge my credit card for medical services incurred for my pets, during my absence. Not to exceed \$ \_\_\_\_\_ without my consent.

This authorization is valid from:

(MM/DD/YY) \_\_\_\_\_ until \_\_\_\_\_

Client Signature \_\_\_\_\_ date \_\_\_\_\_

Staff Witness \_\_\_\_\_ date \_\_\_\_\_

5-11-2010