

Visa

MasterCard

Discover

American Express

Cardholder Name (as it appears on card): _____

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Credit Card Billing Address:

Street: _____

City: _____ **State:** _____ **Zip code:** _____

Home Phone # _____ **Alternate Phone #** _____

Email Address: _____

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Bglad Veterinary Services to charge my credit card for all services provided. Bglad Veterinary Services is further authorized to charge this account for any future services rendered. Cancellation policy: all appointments can be cancelled up to 24 hours prior to your appointment without incurring any fees. After that you will be charged a FULL FEE for a last minute cancellation.

Signature

Date