

*West Kendall*

ANIMAL HOSPITAL

14732 N. Kendall Drive

Miami, Florida 33196

Phone: (305)385-0404 Fax: (305)387-8555

[Admin@westkendallanimalhospital.com](mailto:Admin@westkendallanimalhospital.com)

**Credit Card Authorization**

I, \_\_\_\_\_, authorize a payment to West Kendall

Animal Hospital in the amount of \$\_\_\_\_\_ on the following credit card:

Circle one:      AmEx      MC      Visa      Discover

Name printed on the card: \_\_\_\_\_

Billing address for credit card: \_\_\_\_\_

Zip code for credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_ / \_\_\_\_\_      CID Code: \_\_\_\_\_

Phone number: \_\_\_\_\_      Circle one: Home      Office      Mobile

Please sign below and fax to West Kendall Animal Hospital at (305)387-8555, or scan and e-mail signed form to [admin@westkendallanimalhospital.com](mailto:admin@westkendallanimalhospital.com).

\_\_\_\_\_  
Authorized Cardholder Signature

Date: \_\_\_\_\_

Please note that only Credit Card Authorization forms that are completed in full will be accepted. If any information is missing or inaccurate, we will not be able to process your credit card payment.