



Smith Veterinary Hospital
1110 E Highway 13
Burnsville, MN 55337
(952) 736-8278
www.smithveterinaryhospital.com

CREDIT CARD PREAUTHORIZATION

Client name: _____

Client card number: _____

Expiration date: _____

Name as printed on the card: _____

I authorize the veterinarians and staff at the hospital shown above to charge my credit card account for my balance due for:

- Charges accrued during _____
- All visits this year / month / week
- Recurring charges for ongoing treatments
from _____ (date) to _____ (date)

I understand that this form is valid for _____ unless I cancel the authorization with written notice to the veterinarian.

Cardholder signature: _____

Date: _____