

ON FILE CREDIT CARD AUTHORIZATION FORM

Bogue Animal Hospital is authorized to maintain credit card payment information in our confidential files. This form is provided for you to supply Bogue Animal Hospital this information. Your signature authorizes us to review this information and deduct fees from the credit card below, when you sign the applicable application. A new form must be completed for each card on file. The storage and handling of this private information will be structured according to our hospital's Red Flag Policy which is mandatory by the federal Security and Exchange Commission. Verbal authorization can no longer be accepted. We must have a signature and authorization form on file.

We only accept Visa, MasterCard, and Discover cards at this time.

Card Information		
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Name on Card:	_____	
Account Number:	_____	
Expiration Date:	_____	CVV Code (on back): _____
Cardholder Signature:	_____	

If anyone other than the cardholder is authorized to use this credit card, please have him or her print and sign his or her name:

Printed Name: _____

Signature: _____

Date: _____

Cardholder Signature: _____

Please accompany this form with a copy of your driver's license or photo ID for all parties listed above. A copy of the credit card to be stored must be provided as well.

Please fax this form to (316) 722-4172 or e-mail to doghouse@bogueanimalhospital.com. You may also bring it with you to your next appointment.