



Sunset Canyon Veterinary Clinic

3710 E. Hwy 290
Dripping Springs, Texas 78620
512-894-0266

Credit Card Payment Pre-Authorization Form

If you would like to make payment with Visa, Master Card or Discover, please use this form for payment submission. **We DO NOT accept American Express.** **Care Credit payments must be made in person.

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

CARD # _____ Expires: _____

CVV CODE: _____ BILLING ZIPCODE: _____

NAME ON CARD: _____

I authorize Sunset Canyon Veterinary Clinic to keep the above credit card information on record for the following use:

_____ One time payment of \$ _____ to be posted on this date: _____

_____ Maintain on file for all future balances.

SIGNATURE OF CARD HOLDER: _____ DATE: _____

Please print this form and mail, fax, or email to ATTN: Records
Fax # 512-894-3681 E-mail: thill@sunsetcanyonvetclinic.com