



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, Discover or Amex please use this form for payment submission. ****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 ZIP CODE: _____

NAME ON CARD: _____

Billing Address: _____
Address City Zip

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

_____ Onetime 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:
thill@sunsetcanyonvetclinic.com