

Alliance Animal Health Center  
4076 Heritage Trace Parkway  
Fort Worth, Texas 76244  
p) 817.741.7900  
f) 817.741.7901



Animal Hospital of Park Glen  
5424 Basswood Boulevard  
Fort Worth, Texas 76137  
p) 817.581.1277  
f) 817.581.8062

### Credit Card Authorization Form

I, \_\_\_\_\_ authorize Alliance Animal Health Center and Animal Hospital of Park Glen to charge my credit card for services and/or products for my pets. I also authorize (friend/family member's name) \_\_\_\_\_ to sign my credit card receipt on my behalf upon picking up my pet(s), from Alliance Animal Health Center or Animal Hospital of Park Glen.

Total Amount Due: \$\_\_\_\_\_.\_\_\_\_ (to be filled out by hospital staff)

Circle One: Visa MC Discover American Express Care Credit

Accountholder's name as it appears on the card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ CV/CVV2/CVC2/CID Code: (3-digit code on back): \_\_\_\_\_

Credit Card Billing Address (House Number Only): \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder/Agents Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please fax the completed form to Alliance Animal Health Center at (817) 741-7901 or to Animal Hospital of Park Glen at (817) 581-8062**

In Office Use:

CCC Witness \_\_\_\_\_