



West Village
Veterinary Hospital
75 8th Avenue
New York, NY 10014
212-633-7400
212-807-1587 (FAX)
www.westvillagevets.com

Tribeca Soho
Animal Hospital
5 Lispenard Street
New York, NY 10013
212-925-6100
212-925-1676 (FAX)
www.tribecavets.com

Battery Park
Veterinary Hospital
21 South End Avenue
New York, NY 10280
212-786-4444
212-786-4040 (FAX)
www.batteryparkvets.com

Seaport Animal Hospital
80 Beekman Street
New York, NY 10038
212-374-0650
646-937-5697 (FAX)
www.seaportanimalhospital.com

NAME: _____
PET(S): _____

ADDRESS: _____

PHONE: _____

AUTHORIZATIONS

DATE: _____

CREDIT CARD AUTHORIZATION: In emergency and other situations, we are willing to accept credit card payments over the phone as long as you have authorized us to do so by providing the following information. In so doing, you acknowledge that this information is "on file" with us, accessible to the practice staff on our software. In some cases, and for some services, you may still be required to present your card for payment. Your authorization may be stored electronically and not in its original form.

I have read and understand the above paragraph, and I would like to request and authorize you to keep the following credit card information on file. You can use it when needed for the care of my pet:

VISA ☐ **M/Card** ☐ **AMEX** ☐ Card #: _____

Exp Date: _____ / _____ 3-digit Security Code (on back of card): _____

Billing Zip Code: _____

License or ID Card # _____ State _____ or SSN: _____

Name as shown on credit card: _____

Signature: _____