PBVS
PALM BEACH VETERINARY SPECIALISTS

CLIENT SIGNATURE ON FILE

Pet's Name _____

Client Name_____

Cardholder's Name _____

Billing Address_____ Zip_____

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ Security Code_____

☐ Visa/Mastercard ☐ American Express ☐ Discover ☐ Care Credit

I, _____ authorize
Cardholder's Name As It Appears On The Card

PALM BEACH VETERINARY SPECIALISTS

to charge as arranged on the credit card listed above.

☐ Specified Amount $ _____ Cardholder Initials _____
(One Time Charge Approval)

_____ _____
Cardholder's Signature Date

Please fax this form back to Palm Beach Veterinary Specialists at:
561.434.3122 (Fax)

If you have any questions please call us at:
561.434.5700 (Telephone)