

CREDIT CARD PREAUTHORIZATION
FOR BOARDING SERVICES

The Cat Clinic Of Orange County
Costa Mesa, CA 92627

Telephone: (949) 631-1454
Fax: (949) 631-6569

Dear New Boarding Client,

As a first time boarding client we require that you leave a credit card on file. Please complete the information below:

Client Name _____

I authorize the veterinarian shown above to charge my credit card account for:

- New Client Boarding 50% Deposit
- Complete boarding stay
**Have my credit card run and receipt ready for me at my specified pick-up time
 - This visit only
 - All boarding visits
- Keep in file only
- All visits this year
**Check all that apply
 - Boarding visits
 - Medical visits
 - Other _____
- Other _____

Card Type _____

Account Number _____ Exp. Date ____ / ____ / ____

Verification Number _____ **Billing** Address Street Number _____

Billing Address Zip Code _____

Cardholder Name _____
(Name as appears on credit card)

I understand that this form is valid for one year unless I cancel the authorization with written notice to the veterinarian.

Cardholder Signature _____ Date ____ / ____ / ____

