



Credit Card Authorization

OWNER: _____

HORSE: _____

THIS IS CONSENT FOR CHINO VALLEY EQUINE HOSPITAL (CVEH) TO USE YOUR CREDIT CARD. YOU ARE ALSO CONSENTING CVEH TO ACCESS YOUR DESIGNATED CREDIT CARD FOR ANY BALANCED OWED TO CVEH THAT EXCEEDS \$500.00 WHILE YOUR HORSE IS IN THE HOSPITAL. BEFORE ANY CHARGES ARE PLACED UPON YOUR CREDIT CARD, WE WILL ATTEMPT TO NOTIFY YOU WITH THE AMOUNT THAT IS NEEDED AND/OR THE FINAL BALANCE.

I AUTHORIZE CVEH TO USE MY CREDIT CARD TO PAY FOR THE MEDICAL SERVICES PROVIDED TO MY HORSE AND IN ADDITION FOR THE ENTIRE BALANCE IF ONE STILL OWES UPON COMPLETION OF SERVICES.

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ **CVV:** _____

Signature: _____ **Date:** _____