



STEEL VETERINARY SERVICES

2525 South Main Street Ext, Washington PA 15301 | 724-206-9944 | www.steelvet.com

Credit Card Authorization Form

For your convenience you may pay the balance on behalf of the account described below using your credit card, debit card or care credit.

Please fill out this form with the information you would like to use to pay the bill described below.

Client Name: _____

Patient Name: _____

I hereby authorize Steel Veterinary Services to charge my credit card for the amount indicated below:

\$ _____ (amount charged for services).

Please indicate the purpose of payment:

- Present Services
- Recurring charge for ongoing treatment
- Prescription Refill
- Vaccine and tech appointment
- Surgery
- Euthanasia and Cremation services

Method of Payment:

_____ Master Card _____ Visa _____ Amex _____ Discovery _____ Care Credit _____ Debit

Account# _____ Exp Date: _____ CVC _____

Cardholder Name: _____

Cardholder Signature: _____

Date: _____

