



AAECP Credit Card Authorization

Animal AM-Emergency Clinic of Pasadena
2121 E. Foothill Blvd. Pasadena, CA 91107
626-578-1725 . 626-564-0704 . fax 626-564-0305

I, _____, authorize AAECP, to charge the following credit card for
(Print First and Last Name)

services rendered to the pet(s) named _____.

Account # _____

I am the owner of this pet. The owner of this pet is: _____

I authorize charges up to: (circle) any amount or \$_____.

Keep this card on file for future use or Shred info after this visit.

I authorize these listed additional people to use this credit card for services for this pet
(example: family, neighbor, spouse):

In the event that I cannot be contacted, the following people are authorized to make **medical**
decisions for this pet:

Please Print Clearly:

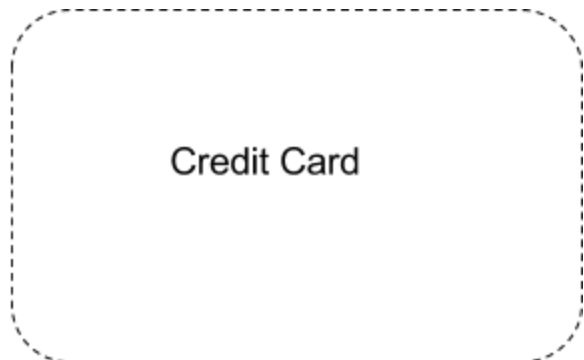
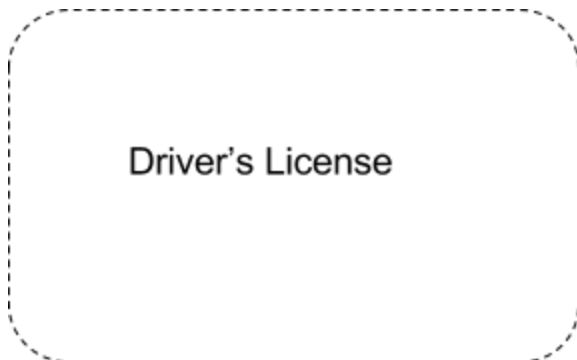
Name (as it appears on card): _____

Credit Card Account Number: _____

Expiration Date: _____ CVV: _____

Billing Street Address Numbers: _____ Billing Zip Code: _____

Place driver's license and credit card below when copying, scanning or taking a picture of this form. Name on driver's license must match name on credit card.



Signature: _____

Date: _____

Verified by: _____