

Skillful  
Care



Gentle  
Hands

6450 Montgomery Street  
Rhinebeck, NY 12572  
(845) 876-6008 Fax 876-7130

Client ID# \_\_\_\_\_

I \_\_\_\_\_, authorize the Rhinebeck Animal Hospital to have on file my  
credit card (type) \_\_\_\_\_, (number) \_\_\_\_\_,

(exp. date) \_\_\_\_\_, SIC# \_\_\_\_\_ (Security code on reverse side of card), for the payment of goods and

services at the Rhinebeck Animal Hospital upon my authorization when myself and or my card is not present.

**Please Print Billing address for Credit Card (include zip code) Phone Number**

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Please let me know the start date: \_\_\_\_\_

Please check appropriate box.

I wish to have all services charged to the credit card above automatically and a paid receipt sent to me upon completion.

Only with verbal authorization do I wish to have all services charged to the credit card above and a paid receipt sent to me upon completion.

Please note agent other than owner with permission to sign, \_\_\_\_\_.

I am discontinuing automatic credit card payment and will call in my payment or pay at time of service.

*The pet owner agrees to notify Rhinebeck Animal Hospital immediately if their credit card account information changes (including new account number and expiration date). If the credit card can not be processed for any other reason, Rhinebeck Animal Hospital will notify the pet owner and they will provide another credit card for current and future payments.*

I certify that I have read and understand this document and the foregoing payment agreement. I also certify that all the information I have given is true and accurate and I agree to the terms and conditions thereof before signing this agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_