

**GLENDALE ANIMAL HOSPITAL**  
**Glendale Animal Hospital**  
**7615 N 75<sup>th</sup> Ave. Ste 110.**  
**Glendale, AZ 85303**

**CREDIT CARD AUTHORIZATION FORM**  
**BOARDING DEPOSIT FORM**

Today's Date\_\_\_\_\_

Name as appears on your card\_\_\_\_\_

Address (complete billing address of card)\_\_\_\_\_

\_\_\_\_\_

Phone Number(s)\_\_\_\_\_

I, the above-identified cardholder, do hereby authorize James W. Day D.V.M., P.C., dba

Glendale Animal Hospital, to charge the below noted card the amount of \$ \_\_\_\_\_  
(\$30 per pet plus \$3 service fee)

For services and/or products provided by your business. I certify that I am the legal and authorized holder of the below noted card. I understand that this transaction is being conducted with my understanding that there are **no refunds** or chargebacks for any reason, and I consent to such.

Type of card(circle one)    VISA    MASTERCARD    AMEX    DISCOVER

Card Number\_\_\_\_\_

Expiration Date\_\_\_\_\_

Security Code on Card\_\_\_\_\_

Name on the card\_\_\_\_\_

Signature:\_\_\_\_\_

Please fax form to us at 623-934-7245