

**Animal Medical Center & Spa, Inc.**  
15703 SW 56<sup>TH</sup> ST  
Miami, Fl. 33185-3879  
Tel: (305)222-7387 Fax: (305) 220-7387

**Credit Charge Authorization  
For a non- refundable deposit.**

**Date:** <date>

**Patient:** <animal>      **ID:** <folder>      **Client:** <first-name> <last-name>

**Breed:** <breed>      **Color:** <color>      **Age:** <age>      **Sex:** <sex>

I \_\_\_\_\_, hereby give Animal Medical Center & Spa, Dr. Carmen A.

Vazquez and or any of its agent's complete authority to charge my credit card listed below in the amount of \$ \_\_\_\_\_. I understand that this is a non-refundable deposit for \_\_\_\_\_ on \_\_\_\_\_ (procedure) \_\_\_\_\_ (date).

Credit Card Type \_\_\_\_\_ # \_\_\_\_\_ Exp.: \_\_\_\_\_

Billing address: \_\_\_\_\_

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

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

Please e-mail a photo of your Driver License and the completed form to [animalmedicalcentermiami@gmail.com](mailto:animalmedicalcentermiami@gmail.com) or fax it to (305)220-7387.

**Note:** After sending the form to us, please call us to confirm receipt. We will also need the security code in the back of the card at the time of the confirmation so please have it available.