

# Dorney Dog Walk



## EMERGENCY CHARGE CARD AUTHORIZATION

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Cardholder)

TO: Dorney Dog Walk

I hereby authorize Dorney Dog Walk to accept and process payment(s) for emergency veterinary care via my credit card. I hold the following card:

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that this authorization will remain on file at Dorney Dog Walk and that this agreement will not be valid unless accompanied by picture identification.

Signed: \_\_\_\_\_  
(Cardholder)

Print Name as Shown on Card: \_\_\_\_\_

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