

ANIMAL EMERGENCY & REFERRAL CENTER

BY VETERINARIAN REFERRAL ONLY

TO REACH THE DOCTOR DURING
HIS/HER TELEPHONE HOUR (772) 466-0460

FOR APPOINTMENTS OR
OTHER INFORMATION (772) 466-3441
FAX (772) 466-0206
www.animalemergency.net



PRACTICE LIMITED TO NEUROLOGY,
NEUROSURGERY, INTERNAL MEDICINE,
ORTHOPEDIC, SOFT TISSUE AND LASER SURGERY,
RADIOLOGY, DIAGNOSTIC IMAGING,
RADIOIODINE THERAPY, HYPERBARIC OXYGEN THERAPY,
EMERGENCY MEDICINE AND CRITICAL CARE

3984 S. U.S. HIGHWAY 1 • FORT PIERCE, FL 34982

BILLING ADDRESS _____

BILLING ZIP CODE _____

3 digit code _____

Date Prepared _____

SIGNATURE ON FILE AUTHORIZATION

I, hereby authorize the ANIMAL EMERGENCY AND REFERRAL CENTER to keep my signature on file and directly charge my _____ account for payment toward the medical care of _____ " up to the limits of the estimate given by the attending veterinarian. I authorize this credit card to be used for payment of additional deposit(s) during hospitalization and final payment at the end of hospitalization.

PATIENT'S NAME _____

OWNER'S NAME _____

CARD TYPE _____ CARD 2 TYPE _____

CARDHOLDER'S NAME AS APPEARS ON CARD(S) _____

CARD 1 ACCT # _____

CARD 2 ACCT # _____

CARD 1 EXPIRATION DATE _____ CARD # 2 EXPIRATION DATE _____

Signature of Cardholder X _____ Date _____