

# South Shores Animal Hospital

8420 W. Lake Mead Blvd. Ste 102

Las Vegas, Nv 89128

702-255-8050

Fsc 702-242-9423

Email: southshoresah@ssah.lvcoxmail.com

Full Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Authorization for use of Credit Card

I authorize South Shores Animal Hospital to charge my credit card ending in \_\_\_\_\_ (last 4 digits) for services and/or supplies.

\_\_\_\_\_ (initials) I understand the South Shores **will not** retain my credit card information on file due to the red flag laws.

\_\_\_\_\_ (initials) I understand that when I provide my credit card information over the telephone that it will be entered directly into the card processor.

Please initial the above statements and fax or email back to the number/address above.

**DO NOT RECORD CREDIT CARD INFORMATION ON THIS FORM!!!**

**After faxing/emailing please call our office at 702-255-8050 with your card information.**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**