

# Westhampton Beach Animal Hospital

## *COVID-19 Info & Credit Card Authorization For Medical Services*

We are enforcing a concierge style policy at our hospital and are requesting that clients **NOT** enter the office to prevent the potential community spread of COVID-19. Rather, we ask you to please wait in your vehicle and we will come to get your pet to take care of his/her needs. To practice social distancing, we will call you during your pet's appointment and go over all findings via phone.

Contact Information	
Preferred Phone Number:	
Preferred E-Mail Address:	
Vehicle Make/Model/Color:	
Mailing Address:	

Credit Card Information	
Card Type:	
Cardholder Name <i>(as shown on card)</i> :	
Card Number:	
Expiration Date:	CVV:
Cardholder ZIP Code <i>(from credit card billing address)</i> :	

I, \_\_\_\_\_, authorize **Westhampton Beach Animal Hospital** to charge my credit card above for agreed veterinary services. I understand that my information will be saved to file for future transactions on my account.

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Customer Signature

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Date