



P.O. Box 27096
Lethbridge, AB
T1K 6Z8
Phone: 403-327-4658 Fax: 403-394-3630
Email: ranchdocsvet@gmail.com

CONTACT INFORMATION VERIFICATION

Name: _____ Place of Employment: _____
Address: _____ City, Province, Postal Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Driver's License Number: _____
Alternate Contact: _____ Phone: _____

I do hereby verify the above information is true and correct. I also agree to update records at Ranch Docs Veterinary Services Inc. if any of the above information changes at any time during the above payment time frame. I understand that the personal information held by Ranch Docs Veterinary Services Inc. will be kept strictly confidential and will only be used to contact me and for billing/collection purposes.

Signature: _____ Date: _____
(Client Signature)

Signature: _____ Date: _____
(Ranch Docs Representative Signature)

CREDIT CARD AUTHORIZATION USE

I hereby authorize Ranch Docs Veterinary Services Inc. to process payments on the following credit card. I also understand that this credit card will be used to automatically settle any outstanding invoice at the end of each calendar month. The authority given to Ranch Docs Veterinary Services Inc. to carry out these charges will remain in effect until cancelled by either party with 30 days written notice. Please check the appropriate lines below:

- ___ Visa
___ Mastercard
___ Card number held in reserve on account (i.e. to cover any outstanding balances)
___ Single payment (i.e. a one-time payment)
___ Automatic payment for services rendered (i.e. charge my credit card each following services provided)
___ Email a receipt with a copy of the invoice (_____)
___ Mail a receipt with a copy of the invoice (this will be the address listed above unless otherwise noted)
___ No receipt needed

Credit Card Number: _____ Exp. Date: _____ CVV: _____

(If you wish to verbally give your credit card number over the phone, note the last 4 digits of the card on the line provided, and complete the rest of the form)

Name on Credit Card: _____

Printed Name: _____ Signature: _____ Date: _____