

Lake Hamilton and Hot Springs Animal Hospital

Credit Card Authorization Form

Lake Hamilton
1525 Airport Road
Hot Springs, AR 71913
501-767-8503



Hot Springs
1533 Malvern Avenue
Hot Springs, AR 71901
501-623-2411

Visa Mastercard Discover

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ CVC Code _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____

As the cardholder, by signing below I agree to pay, and specifically authorize Lake Hamilton and Hot Springs Animal Hospitals to charge my credit card, for all services provided or products purchased.

Signature: _____

Printed Name: _____

Date: _____

- Onetime payment for invoice #/date of: _____
- Keep on file for all payments

You can email or fax this form to:

Lake Hamilton – lakehamiltonanimalhospital@yahoo.com or Fax: 501-767-7809

Hot Springs- hotspringsanimalhospital@yahoo.com or Fax: 501-623-4169