



**Winchelsea Veterinary Services**

Tyler Stitt · DVM MPH&TM BSc  
24 hr Tel: 250-667-5534  
e-mail: info@winchelseavetservices.ca

**Credit Card Authorization Form**

Office Use Only  
Date Received:  
Receiver:



This form is an editable PDF - fields can be completed digitally prior to printing and signing. Otherwise, please print a blank form and complete it manually. This form can then be given to Dr Tyler Stitt on your next appointment, or it can be scanned and e-mailed to <info@winchelseavetservices.ca>.

I, \_\_\_\_\_, authorize Winchelsea Veterinary Services to charge my credit card for services rendered.

Credit Card Type:       VISA                       Master Card                       American Express

Credit Card Number:

Security Code:                      (last 3 digits on the back of the card)

Expiry Date (mm/yy):

Billing Address:

Town:

Postal Code:

Name on Card:    (as it appears on card)

Authorization Signature:

Date (dd/mm/yyyy):

