

Brittmoore Animal Hospital, Inc.

Matt M. Dikeman, D.V.M., Dip., A.B.V.P.	1236
Brittmoore Rd.	
Kit Kampschmidt, D.V.M.	Houston, TX
77043	
James D. Rieman, D.V.M.	(713)
468-8253	
McKinlea Wells, D.V.M.	Fax (713)
468-8995	
Sharon Gunter, D.V.M.	

SEMEN STORAGE CREDIT CARD AUTHORIZATION FORM

Please complete the information below:

We accept MasterCard, Visa, American Express, and Discover

I _____ authorize Brittmoore Animal Hospital to automatically charge my credit card indicated below for **\$112.00** in December/January of each year for payment of my annual storage fee for **each** dog that has frozen semen stored at Brittmoore Animal Hospital.

Name as it appears on card _____

Credit Card # _____ Expiration _____ CCV _____

Drivers License # _____

Billing Address _____ Phone # _____

City, _____ State, _____ Zip _____

Email _____

Brittmoore Client # _____ Dog's call
name _____

SIGNATURE _____

DATE _____

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I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Brittmoore Animal Hospital in writing (by going to www.brittmooreanimalhospital.com under "helpful forms" and selecting "semen storage discontinuation" form) of any changes in my account information or termination of this authorization or semen storage at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.