



# The Oaks Veterinary Clinic

## Equine & Farm Services

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Ryland B. Edwards, Jr., DVM

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Cathleen J. Lombardi, DVM

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Jessica S. Mattingly, DVM

### Credit Card Information

Name (as it appears on card) \_\_\_\_\_

Address \_\_\_\_\_

Phone (provide the best number in case of a problem) \_\_\_\_\_

E-mail \_\_\_\_\_

Visa     MasterCard     Discover     American Express     Care Credit

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Options (Please pick one)

Put my credit card on file and charge my credit card automatically after veterinary services have been performed.

Put my credit card on file, but contact me prior to running balances. If we are unable to contact you via the phone and e-mail provided above, your credit card will be charged including billing and interest fees once account reaches 60 days past due.

Charge my credit card on file as directed below. Credit card will be charged automatically on the dates below, you will not be contacted prior to each date.

| Date  | Amount | Initials |
|-------|--------|----------|
| _____ | _____  | _____    |
| _____ | _____  | _____    |
| _____ | _____  | _____    |