



The Oaks Veterinary Clinic

Equine & Farm Services

Ryland B. Edwards, Jr., DVM
F. Garrett Edwards, DVM
Cathleen J. Lombardi, DVM
Shanna N. Edwards, DVM
Jessica S. Mattingly, DVM
Sherri D. Field Gard, DVM

Credit Card Information

Name (as it appears on card) _____

Address _____

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

E-mail _____

Visa Master Card 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
_____	_____	_____
_____	_____	_____
_____	_____	_____