

**CRYSTAL GLEN KENNEL LLC
Credit Card Authorization
2012**

To ensure that your animal is properly provided for, Crystal Glen Kennel LLC requires that for Senior Animals (8 years and older) as well as animals with serious health concerns the following is understood and signed to allow Crystal Glen Employees/Owners to provide the best for your pet.

I authorize Crystal Glen Kennel LLC to keep my signature on file and to charge by VISA/Master Card account for any medical fees that are incurred during my animal's stay at Crystal Glen Kennel. These charges include but are not exclusive to: travel to and from the veterinarian, actual veterinarian fees, any medical/supportive care given to the animal by Crystal Glen staff during it's stay at Crystal Glen Kennel.

I will ensure that sufficient credit is available on the card to cover my bill. I will notify Crystal Glen Kennel LLC if there is any change in my Credit Card or Checking/Savings account. I understand that fees are non-refundable and will not be pro-rated.

DATE _____

CARDHOLDER NAME _____

MAILING ADDRESS FOR CREDIT STATEMENT

CITY & STATE _____ ZIP _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE _____
MONTH YEAR

HOME PHONE _____ WORK PHONE _____ CELLPHONE _____

NUMBER YOU CAN BE REACHED AT WHILE YOU'RE AWAY _____

DOG/CAT'S: NAME _____ BREED _____

COLOR _____ AGE _____ SEX _____

CURRENT VETERINARIAN _____ VET CLINIC _____

PREFERRED EMERGENCY OR AFTER HOUR VETERINARY CLINIC _____

I understand that Crystal Glen Kennel LLC, will make every attempt to take my animal to my personal veterinarian for medical care. However if this is not possible, they will use their discretion and choose a veterinarian or emergency clinic. Also Crystal Glen LLC, Associates, Employees will make every attempt to reach me (Owner) in case of an emergency so that I can decide on what course of action to take with my animal, however if I am unable to be reached, Crystal Glen LLC Associates, Employees will use their discretion on what course of action should be taken with my animal. I agree to hold Crystal Glen Kennel LLC , Associates, or Employees harmless and without liability for any actions taken by them to ensure my pet's health or upon the death of my pet.

I hereby authorize Crystal Glen LLC to initiate charges to the credit card account indicated above for the purpose of paying any veterinary costs, and any other applicable charges that might be necessary during my animals stay at Crystal Glen.

CARDHOLDER SIGNATURE

DATE