

Large Animal Medical Associates

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Thank you for choosing Large Animal Medical Associates. Our primary mission is to deliver the best and most comprehensive veterinary care available for your horse(s) and/or large animal(s). We have updated our payment policy. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering payment options. Large Animal Medical Associates now requires a credit card or Care Credit card on file for all clients unless paying at the time of service with cash or check. Please complete the form below and return it to us by mail or email at your earliest convenience.

Payment Options:

You can choose from (circle your chosen option):

- 1) Authorize a credit card or Care Credit card to be automatically charged whenever your account has a balance.
- 2) Pay at the time of service with cash or check.

Please complete the information below:

I _____ authorize Large Animal Medical Associates to charge my credit card
(full name)

indicated below for the full balance of services rendered.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Check here if you would like to receive invoices electronically.

Account Type:	Visa	MasterCard	Amex	Discover	Care Credit
Cardholder Name	_____				
Account Number	_____				
Expiration Date	_____				
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____				

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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 understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.