



The Cat Practice Veterinary Hospital, Inc.
1809 Magazine St.
New Orleans, La. 70130
Agreement to Pay

Date: _____

Owner's Name: _____

Pet Name(s): _____

Upon the boarding of my pet(s), I, _____, hereby authorize The Cat Practice Veterinary Hospital and its agents to complete credit card transactions on my behalf for the purpose of boarding and or medical services. I agree to pay all charges processed on my credit card for services incurred during my pet's stay.

In the event of an evacuation, I understand a one time \$100 evacuation fee per pet will be instituted. Furthermore, to cover the cost of displacement, each day a \$75 fee will be incurred per pet. Each pet, prior to evacuation, will be given an Avid Friendship for identification as needed.

Credit Card I wish to authorize

Exp.

Signature

Date

Witness

Date