

PRESCRIPTION SHIPPING AGREEMENT
Visa, Master Card, American Express, Discover Card only

Notice

Due to losses of medication by the US Postal Service, all medications are sent by Federal Express or UPS at the clinic's discretion insured for up to \$100, and a **signature is required for delivery.**

To: *American Animal Eye Care*
1301-F South Beach Blvd
La Habra, CA 90631
Fax: 562-943-2835
Ph: 562-943-3728

I _____ hereby authorize the charging of medications, and a
(Print name)

pharmaceutical service fee of **\$16.00** per shipment for delivery, insurance for **\$100.00**, packing and handling to my credit card number: _____ **Visa / Master Card/American Express/Discover Card** (circle one), _____ Expiration Date, CVV2 # _____ when I request medications by telephone. This authority remains in effect until either cancelled in writing by me, or expiration of the credit card. I confirm and understand that a signature is required for delivery, and that insurance is provided for **up to \$100.00 only**. American Animal Eye Care Center is not responsible for loss or damage to articles sent via commercial carrier listed above. I will advise American Animal Eye Care Center **in writing** of any changes to the address which I have selected below for the delivery of my pet's medications, and at which a responsible person will be present to accept delivery. American Animal Eye Care Center cannot accept my credit card if it is presented to the clinic by anyone but myself. If medications are returned because no responsible person was present to accept delivery, the **pharmaceutical service fee is not refundable. No pharmaceutical service fee is charged for pick up of pre-authorized medications at American Animal Eye Care Center.**

Selected Name and Address for Delivery

Name _____ (please type or print)

Address _____ (No P.O. Boxes)

City _____ State _____ Zip Code _____

Signature _____

Name _____ (please type or print)

Date _____