



Veterinary Diagnostic Laboratory
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Credit Card Authorization Form

Securely Attach This Completed Form to Submission Form or Fax to the Business Office

*NOTE - Your card will be processed AFTER the testing is complete UNLESS special handling is required.
Please allow up to 4 weeks*

Today's Date: _____

Clinic Name: _____

Name on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Email Address: _____

Please complete as much of the following information as possible.

Account #: _____ Invoice #: _____ Accession #: _____

Animal ID/Microchip #: _____

Description of Charge: _____

CARD TYPE: ☐ VISA ☐ MC ☐ DISC ☐ AMEX Amount: \$_____

Card #: _____

Exp. (MM/YYYY) _____ / _____

By signing this form, you authorize this transaction. If your payment is declined, the submitting clinic will be held responsible for the charges.

Cardholder Signature (Required) _____

Receipt? ☐ YES ☐ NO If yes: ☐ FAX ☐ MAIL ☐ EMAIL

If this is an international charge, please contact your credit card company to preauthorize this charge.

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