



2561 Valley View Lane Dallas, TX 75234 • (972) 591-1342 • www.airvets.com

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Valley View Pet Health Center PLLC (dba AirVets Pet Relocation/Valley View Pet Health Center)** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated.

Please complete the information below:

I _____, authorize the charge to my credit card account for amount below:
(full name)

- \$500 deposit for Full Service Move. Remainder of estimate will be charged ~1 week before move completion.
- Full Payment for Domestic Move.

Transaction # _____

Billing Address _____

City, State/Province, Country, Postal Code _____

Phone# _____

Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Contract, Terms, and Conditions

1. I certify that my pet(s) is/are 16 weeks of age or older for an international move and 12 weeks or older for a domestic move.
2. My pet(s) is/are non-aggressive and do not show aggression to strangers. Aggressive pets may be rejected by transportation carriers. Aggressive pets may require additional time during travel for loading, walking, etc. Aggressive dogs may also require a custom built kennel. Pets presented to an airline in a standard travel kennel may be rejected by the airline. These situations and costs may not be apparent until the day of travel and any costs incurred due to a pet's aggression will be charged to the owner.
3. Once job has been initiated I am obligated to pay for services already rendered even if I decide to cancel the move. Deposits are non-refundable.
4. Rescheduling/modifying a move schedule may result in increased fees.
5. Estimates are provided based on pet species/breed and measurements provided to us. Inaccurate information provided to us may increase fees due to increased freight costs, replacement of kennels, etc.
6. AirVets takes custodial responsibility at the time of pickup of your pet and relinquishes such responsibility upon delivery to client, client's representative or airline personnel. While problems rarely occur, AirVets cannot be held liable for the mishandling of any pets by the airline after the custody has been turned over to the airline cargo personnel.
7. Weather & temperature conditions and other factors may affect animal transport. Airlines may restrict animal transport on any flight due to weather or other factors, without notice and outside of our control. Should airlines alter flight schedules or aircraft type or place unforeseen restrictions on a flight additional ground transport, boarding, and other fees may apply. Animal safety is always the number one priority.
8. I have been provided with information in regard to the higher risk of death during flight that is associated with dogs or cats that are categorized as brachycephalic breeds (short nosed). These breeds include: English Bulldogs, Pugs, Boston Terriers, Persians, and others. I understand and I accept these risks in full. I will not hold AirVets Pet Relocation responsible for injury/death that may occur in these breeds.
9. Large breed dogs such as Great Danes, German Shepherds, Saint Bernards, and others have a higher incidence of Gastric Dilatation/Volvulus (bloat) during travel, especially those with deep chests and are anxious during travel. This condition can be spontaneous result in the need for emergency surgery and can result in death. I understand and I accept these risks in full. I will not hold AirVets Pet Relocation responsible for injury/death that may occur during travel due to bloat.
10. AirVets is not responsible for any fees incurred at destination such as taxes, customs fees, etc, unless you requested destination services and we included them in our estimate.

Send with this contract:

1. Credit Card Authorization Form
2. Limited Power of Attorney
3. Copy of Owner's Passport (international travel only)
4. Pet information form
5. Last Rabies Vaccination Certificate (must be current; some countries require within 12 months)
6. Any applicable lab results
7. Photos of your pet(s) with the following views: a) side view of head b) front view of head c) side view of body

SIGNATURE _____ DATE _____

Pet Move Information

Contact Information

Same as other attached pet

Consignor Name: _____
(origin)

Consignor Address: _____

Consignor Phone: _____

Consignee Name: _____
(destination)

Consignee Address: _____

Consignee Phone: _____

Pet Information

Pet 1

Name: _____ Species: Dog Cat Other _____

Breed: _____ Gender: M MN F FS Color: _____

Date of Birth (Must match rabies certificate DOB/Age): _____ Weight (lbs): _____

Microchip#: _____ Microchip Date: _____

Rabies Vaccination Date: _____

Pet 2

Name: _____ Species: Dog Cat Other _____

Breed: _____ Gender: M MN F FS Color: _____

Date of Birth (Must match rabies certificate DOB/Age): _____ Weight (lbs): _____

Microchip#: _____ Microchip Date: _____

Rabies Vaccination Date (attach certificate): _____

**If you have more than 2 pets, use multiple copies of this page.

Vet Information

Same as other attached pet

I will be using AirVets Pet Relocation veterinarians for all export health work

I will be using another veterinarian (must be USDA Accredited):

Clinic Name: _____ Clinic Email: _____

Clinic Phone: _____

Limited Power of Attorney

I, _____ hereby appoint AirVets Pet Relocation and their representatives to act on my behalf in all matters relating to the relocation of my pet(s) including but not limited to: obtaining medical records and certificates and reformatting such to meet the needs of transportation, scheduling and tendering transportation services, boarding, medical treatments required for transportation or illness, and transporting both at origin and destination should the need arise.

This document shall be understood as a Limited Power Of Attorney, and my Agent shall have full authority to act on my behalf in relation to the subject(s) specified above.

Name: _____ SS# or Passport Country & Number: _____

Signature: _____ Date: _____