



American Veterinary Medical Foundation

AVMF Account #

Veterinarian Name

Practice

Address

Name to be listed on card

City / State / Zip

Phone

Fax

Email

Credit Card #

Exp.

Pet / Person	Please Notify (Mr./Ms./Mrs.)					
Address	City / State / Zip					
Email	in Honor of	in Memory of	Pet type:	Dog	Cat	Other

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