



Veterinary Dental Instrument Sharpening Service Form

Upon completing Step 2, print this form and mail instruments to:

Veterinary Dental Specialties
Attn: Sharpening Dept. Veterinary Dental Specialties
5775 Chesapeake Court
San Diego, CA 92123

Please email info@vds pets.com with any questions.

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Shipped: ___/___/_____

Contact Person: _____

Phone Number: _____

Cost to sharpen each unit is \$8 (total will be calculated by VDS and confirmed in your invoice)

Number of Scalars: _____ Number of Curettes: _____

Number of Elevators: _____ Number of Periosteal Elevators: _____

Other (Please Specify): _____

Total Number of Instruments Included in this package: _____

Automatic Credit Card Payment Authorization

Circle Card Type: Mastercard Visa American Express Discover

Card Number: _____

Expiration Date: ___/___ Security Code: _____

Agreement: By signing this agreement I authorize payment of my Veterinary Dental Specialties' Sharpening Service invoices to be charged against my credit card listed above automatically on the 10th or several days thereafter of the month, following the month of service. If you are unable to change my credit card, you will notify me and bill me in accordance with current policy.

Card Holder Signature: _____

Address that the credit card bill goes to:

Street Address: _____

City: _____ State: _____ Zip: _____

Card Holder Name (Please Print): _____

Date Signed: ___/___/_____

