Valley Veterinary Clinic
L.L. Novy D.V.M. & Associates
845 East Los Angeles Avenue, Simi Valley, California 93065
Tel [805] 526-0917 Fax [805] 584-0918

Permission to Treat

I hereby authorize Valley Veterinary Clinic to treat my animal(s) in my absence. I understand the veterinarian may perform and/or administer anesthesia, medications, treatments and procedures that he/she deems necessary. I accept full financial responsibility for this medical care and understand that the fee is due and payable in full when services are provided. These charges will be billed to my credit card according to the information that I have provided below. I certify and acknowledge that I am the owner/agent of the animal(s) listed below and have the authority to execute this consent. I have read this release and fully understand the terms and conditions.

Pet's Name: _____ Type of Pet: Canine ( ) Feline ( ) Exotic ( )
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Period of Absence: _____To:_____

I, _____ hereby authorize Valley Veterinary Clinic to
Print First Name/ Initial/ Last Name

charge my [ ] VISA [ ] MasterCard [ ] Discover.

Credit Card #: _____ Expiration Date: _____

3 Digit Security Card #: _____ (located in the back of the credit card)

Print Last Name: _____ First Name: _____

Home Address: _____

City & Zip Code: _____

Zip Code (for credit card billing if different from home zip code) _____

Emergency Contact & Phone Number: _____

Owner/Cardholder's Signature: _____ Date: _____