



Valley Veterinary Clinic

L.L. Novy D.V.M. & Associates  
845 East Los Angeles Avenue, Simi Valley, California 93065  
Tel [805] 526-0917 [818] 884-1533 Fax [805] 584-0918

### Credit Card Authorization Form

I, \_\_\_\_\_ hereby authorize Valley Veterinary Clinic to  
Print First Name Initial Last Name

charge my  VISA  MasterCard  Discover.

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark and initial if one or all apply:

One time use  Yes  No Initials \_\_\_\_\_

Use for All Medications/Mailing  Yes  No Initials \_\_\_\_\_

**PLEASE RETURN BY FAX TO: 805-584-0918**

**OR MAIL TO:**

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845 E. Los Angeles Avenue  
Simi Valley, CA 93065