



3254 Foothill Blvd., La Crescenta, CA 91214  
(818) 249-0022 FAX: (818) 249-0044

## CREDIT CARD AUTHORIZATION

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

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

I authorize **Crescenta Valley Veterinary Hospital** to charge/debit my credit card for services provided to my pet in the amount of \$\_\_\_\_\_.

Circle one: VISA MasterCard Discover CareCredit American Express  
Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Signature

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

PLEASE INCLUDE A COPY OF YOUR CREDIT CARD AND CURRENT CALIFORNIA DRIVER'S LICENSE: