



West Village
 Veterinary Hospital
 75 8th Avenue
 New York, NY 10014
 212-633-7400
 212-807-1587 (FAX)
www.westvillagevets.com

Tribeca Soho
 Animal Hospital
 5 Lispenard Street
 New York, NY 10013
 212-925-6100
 212-925-1676 (FAX)
www.tribecavets.com

Battery Park
 Veterinary Hospital
 21 South End Avenue
 New York, NY 10280
 212-786-4444
 212-786-4040 (FAX)
www.batteryparkvets.com

Seaport Animal Hospital
 80 Beekman Street
 New York, NY 10038
 212-374-0650
 646-937-5697 (FAX)
www.seaportanimalhospital.com

NAME: _____
PET(S): _____

ADDRESS: _____

PHONE: _____

AUTHORIZATIONS

DATE: _____

THIRD PARTY CARE-GIVERS: You, as a pet owner, are considered the party responsible for all decisions regarding your Pet’s care. We are not able to proceed with patient treatments and other care, except for basic life-saving emergency care, without the verbal or other consent of the Owner. We should not, and make every attempt to avoid, divulging information to a third party who may be acting on the owner’s request or on the owner’s or the pet’s behalf. If you would like to arrange for a third party (friend, neighbor, relative, dog-walker, cat-sitter, etc) to bring your pet to us for care, we prefer to have your authorization for us to speak and work with them. If you feel that such a situation may arise, please print the name of anyone who you wish to “authorize” and with whom we can work. In such a case, we will work with them as though they were you and allow them to make decisions for your pet. Our Financial Policy will still apply in such a case, meaning they may be required to leave a deposit for further care or make other payments. You as the Owner remain the ultimately responsible party as regards payment. Your authorization may be stored electronically and not in its original form.

I have read and understand the above paragraph, and I would like to authorize the following individual(s) to present my pet(s) for veterinary care:

Owner’s Signature

CREDIT CARD AUTHORIZATION: In emergency and other situations, we are willing to accept credit card payments over the phone as long as you have authorized us to do so by providing the following information. In so doing, you acknowledge that this information is “on file” with us, accessible to the practice staff on our software. In some cases, and for some services, you may still be required to present your card for payment. Your authorization may be stored electronically and not in its original form.

I have read and understand the above paragraph, and I would like to request and authorize you to keep the following credit card information on file. You can use it when needed for the care of my pet:

VISA **M/Card** **AMEX** Card #: _____

Exp Date: _____ / _____ 3-digit Security Code (on back of card): _____

Billing Zip Code: _____

License or ID Card # _____ State _____ or SSN: _____

Name as shown on credit card: _____

Signature: _____