



**Anoka Equine Veterinary Services**

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Elk River, MN 55330-6522

Phone: (763) 441-3797 After Hours Emergency: (320) 274-7119

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## Credit Card Authorization

I, \_\_\_\_\_, give permission to Anoka Equine Veterinary Services to use my credit card for payment of authorized services.

Credit card information:      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover

Account number: \_\_\_\_\_      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder information:      Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

*I understand and agree that any balance due on my account will automatically be billed to my credit card on the 20<sup>th</sup> of the following month. You will receive a statement showing your current charges which are for your records. Declined cards will be noted and we would need another type of payment.*

*When your card expires, please call the clinic to update this information. This credit card remains in effect – until cancelled by me with 30 days written notice.*

Signature of Cardholder: \_\_\_\_\_

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

Please return a signed copy of this form to Anoka Equine Veterinary Services at the above address.

**For Office Use Only**

Form received:

Voice authorization:

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

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