



Anoka Equine Veterinary Services

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

www.anokaequine.com

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Anoka Equine Wellness Program Enrollment Form

Client: _____ Horse: _____

Address: _____

Stabled At: _____ Age: _____ (yrs.) Sex: M S G

Breed: _____ Phone: _____

Circle Program 1 or 2 Pfizer Program yes or no

Credit Card Authorization

I, _____, give permission to Anoka Equine Veterinary Services to use my credit card for payment of Wellness Program Services.

Credit Card Information: ___ Visa ___ Mastercard ___ Discover

Account Number: _____

Expiration Date: ____ / ____

Cardholder Information: Name: _____

Address: _____

Phone: _____ - _____ - _____

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: _____