



Anoka Equine Veterinary Services

16445 - 70TH Street NE

Elk River, MN 55330-6522

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Client Registration Information

****Please complete this form and return it to our office via email, fax or mail****

Name: _____

Address: _____
Street City State Zip

Home#: _____ - _____ - _____ Cell#: _____ - _____ - _____ Work#: _____ - _____ - _____

E-mail: _____

Barn Name and Phone # (if applicable) : _____ - _____ - _____

Barn Address/Directions: _____

How did you hear about Anoka Equine Veterinary Services? _____

Payment of Fees

- Payment of fees is due at the time that veterinary services are provided.
- This form must be complete and in our files for us to provide veterinary care (routine or emergency) for a patient.
- We accept payment by cash, Visa, MasterCard, Discover, American Express and check.
- If you are unable to be present at the appointment, please **call our office in advance to give us your credit card information for payment, complete and submit a written credit card authorization or leave a payment check** at the location. **For your convenience, we have included a “credit card on file” form. Please see details.**
- If your horse is insured, please plan on paying for our veterinary services directly. We do not bill insurance companies— only our clients, the horse’s owner. **Insurance arrangements do not affect when payment for veterinary services is due.**

Owner Authorization to Provide Veterinary Care

I hereby authorize Anoka Equine Veterinary Services, Ltd. to provide veterinary care for my horse(s). Veterinary care includes the performance of procedures and the use of appropriate anesthetics and other medications as deemed necessary in the exercise of the practice veterinarian’s professional judgment. I further understand that I am financially responsible for payment of all fees for veterinary services, late charges and collection agency fees which are an additional 35-50% of balance due.

Signature of Owner: _____

Boarded Horses—Owner’s Authorization For Stable/Agent to Obtain Veterinary Care

I hereby authorize _____ to contact Anoka Equine Veterinary Services, Ltd. to obtain veterinary care (routine or emergency) for my horse: _____.

Signature of Owner/Agent _____ Date: _____