



Client Registration and Emergency Authorization Form

Thank you for choosing Coast Veterinary Services. I am dedicated to providing your horse and pets with high quality compassionate medicine. I look forward to becoming an important part of keeping them happy and healthy.

Owner's Name: _____

Spouse, if applicable: _____

Address: _____

Phone number: Home: _____ Cell: _____ Other: _____

Email: _____ Stable: _____

Pet/Horse Registered Name: _____

Breed: _____ Year of Birth or age: _____

Sex: _____ Color: _____

Insured Y N Contact Number for Insurance _____

In the case of a medical emergency, if I cannot be reached, I hereby give **the below person(s)** **permission to authorize** Coast Veterinary to provide any medical treatment deemed necessary for my horses or pets and permission for the doctor to treat to their best clinical judgment. I will be responsible for charges incurred in that treatment.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____