



Cori Phinn, DVM

Veterinary Services

5400 Scotts Valley Drive, Scotts

Valley, CA 95066

831.707.4050

Client Registration and Emergency Authorization Form

Thank you for choosing Coast Veterinary Services. We are so happy your here!

We are dedicated to providing your pets and horses with high quality compassionate medicine. We look forward to becoming an important part of keeping them happy and healthy.

Tell us about you!

Owner's _____ **Name:**

_____ **Spouse,**

if applicable: _____

Address:

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Phone number: Home: _____ Cell: _____ Other:

Email:

Tell us about your pet or horse!

Patients

Name:

Breed: _____ Year of Birth or age:

Coast Veterinary Services

Info@Coastvet.net

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Sex: ____ Spayed/neutered Y or N Color: _____

Microchipped: Y or N

Insured: Y or N Contact Number for Insurance _____

Previous veterinary healthcare providers :

May we contact them for record requests: Y or N

Patient's current medications: _____

Patients current diet: _____

Brief description of patient's current living environment:

Reason _____ for

appointment: _____

Other concerns I have with my pet/horse

are: _____

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Do you have other pets/horses to register with us? Enter their information here (name, breed, age, sex, color): _____

Tell us about your life!

On a scale of 1-10 my home is like a 1- zen garden.....10- wild circus

On a scale of 1-10 my animal care is 1- broad strokes, they get fed.....10- fine toothed comb. I keep a journal about all their activities.

On a scale of 1-10 I am interested in integrated medicine such as acupuncture, herbal supplements and physical therapy 1-no way.....10- prefer it over conventional medicine

My preferred method of communication: text, email, phone

How did you hear about us? Yelp, Sign, Referral, Facebook, Instagram, Google search, other

Legal stuff...

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I understand that payment is due in full at **the time of service**. **We will gladly prepare a written treatment plan before services are rendered upon request.**

I consent to sharing my pet on social media and marketing materials Y or N

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:

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Owners signature: _____ Date:

Thanks for entrusting us with your four legged friends care. We consider it an honor and strive to provide the highest quality care available.

Be sure to "like" us on Facebook or follow us on Instagram!