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## Customer Information and Release

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

### **Customer / Owner Information**

Customer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### **Patient Information**

Horses Show Name: \_\_\_\_\_ Barn Name \_\_\_\_\_

Breed: \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Boarding Location Name \_\_\_\_\_

Boarding Location Address \_\_\_\_\_

Trainers/Agents Name \_\_\_\_\_ Phone \_\_\_\_\_

Trainers/Agents Address \_\_\_\_\_

**Payment and Credit Card Authorization**

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Printed Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Owners Signature \_\_\_\_\_

\_\_\_\_\_ OK to keep credit card on file and customer to call before charging card.

\_\_\_\_\_ Ok to keep credit card on file and bill as charges occur

\*Payment is due upon receipt of Invoice

For your convenience we accept Visa, Mastercard, American Express, Personal Checks, Cash and Venmo. There will be a \$25 service fee for any returned checks.

**Service Agreement & Limited Release and Waiver of Liability**

I authorize Gold Coast Equine to perform Veterinary Care Services as requested or agreed upon by Horse Owner, Trainer or Authorized Agent. In the event the equine patient requires unforeseen or emergency services, Gold Coast Equine staff will make every effort to contact horse owner, trainer, or agent. If said party cannot be reached, I authorize Gold Coast Equine to use its best judgment for treatment that is in the best interest of the patient and provide services. Any fees incurred will be the responsibility of the horse owner.

Owners Signature: \_\_\_\_\_

I \_\_\_\_\_ Horse Owner, understand, acknowledge, and agree that horses and equine facilities are by nature potentially dangerous and pose safety risks to persons and property. Horse owners/agents assume the risk. Veterinary medicine is not an exact science and sometimes the results of treatment or diagnostics result in unexpected or unsuccessful outcomes. Gold Coast Equine does not and cannot offer any guarantees or warranties that its treatments or diagnostics will always be successful or will not cause unexpected complications.

In addition, I agree to hold Gold Coast Equine harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of the agreement or of the services rendered.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_