ACADIANA KENNEL CLUB

Canine Health Clinic Pre-Registration Form

Please complete one form per dog.

Pre-registration is encouraged. Appointments will be scheduled in the order registrations are received. Walk-in appointments will be accepted as time allows, but **scheduled appointments receive priority.**

OWNER INFORMATION

Owner Name: _____

Co-Owner Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

DOG INFORMATION

Registered Name: _____

Call Name: _____

Breed: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female

AKC Registration Number: _____

MICROCHIP NUMBER

_____

SERVICES REQUESTED

Service	Fee	Total
BAER Hearing Testing	$75.00	$ _____
OFA Patella Examination	$45.00	$ _____
OFA CAER Eye Examination	$50.00	$ _____

Total Amount Enclosed: $ _____

PAYMENT INFORMATION

Payment Method:

☐ Check ☐ Money Order

Please make checks or money orders payable to:
Acadiana Kennel Club
Mail completed form and payment to:
Cecily Plaisance
207 Donald Richard Rd.
Eunice, LA 70535

APPOINTMENT PREFERENCES

Preferred Time (if available): _____

Special Requests: _____

_____

_____

FOR CLINIC USE ONLY

Date Received: _____

Payment Received: ☐ Check ☐ Money Order

Amount Received: $ _____

Appointment Time: _____

Confirmation Sent: _____

Clinic Staff Initials: _____

Thank you for registering for the Acadiana Kennel Club Canine Health Clinic.
We appreciate your participation and look forward to seeing you and your dog at the clinic!