

New Client & Animal Registration

Acadia Animal Clinic, Inc
7433 South LA Hwy 13
Crowley, LA 70526

Owners Name _____

Spouses Name _____

Address _____

City _____

Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Emergency Phone & Contact Name _____

Email Address

(to allow access to your pet portal) _____

How did you hear about us? _____

Drivers License His _____ Hers _____

Social Security # His _____ Hers _____

Name of Animal	Breed	Color	Sex	Date of Birth

Customer assumes responsibility for ALL charges incurred in the care of the above named animal(s). It is also understood that these charges will be paid at the time of release and that a deposit may be required for surgical and/or emergency treatment. Customer also assumes responsibility for any and all collection efforts including attorney fees and court cost

Owners Signature _____