



ALBIN ANIMAL HOSPITAL

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 Email: albinanimalhospital@yahoo.com

New Client Form

*Thank you for giving us the opportunity to care for your pet(s).
 So that we may become better acquainted, please complete the following:*

Client Information

Date _____

Name _____

Spouse's Name _____

Address _____ City, State, and Zip _____

Phone _____ Work Phone _____ Spouse's Work Phone _____

Place of Employment _____ Best Time to Reach You _____

Driver's License # _____ E-Mail Address _____

How did you become aware of our clinic? Drove by Yellow Pages Previous Client

Personal Recommendation (Whom may we thank?) _____

Pet #1 _____

Pet #2 _____

Name: _____

Name: _____

Breed: _____

Breed: _____

Date of Birth: _____

Date of Birth _____

Color: _____

Color _____

Spay or Neutered? _____

Spay or Neuter? _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

* In the event payment is not made for the services and treatment provided to my animal by Albin Animal Hospital, I hereby agree that a finance charge of \$5.00 per month will be charged to me by Albin Animal Hospital for each and every month in which there is a balance due and owing on my account with Albin Animal Hospital. In the event my account is turned over to a collection company as a result of non-payment, I hereby agree to be responsible for and to satisfy the fees charged by such collection company to Albin Animal Hospital. In the event Albin Animal Hospital shall deem it necessary to retain legal counsel in order to enforce this agreement and to recover payment from me, I further agree to be responsible for and to satisfy Albin Animal Hospital's attorneys' fees, including their court costs and expenses incurred, regardless of whether suit has been filed or the action proceeds to judgment.

Signature _____ Date: _____