



Richter Animal Hospital

6320 Hwy. 287, Suite 128
Arlington, TX 76001
(817) 478-8000 Fax: (817) 478-8022

New Client Information

Date: ___/___/___

For Office use only: _____
Client ID

Last Name _____ First: _____ M.I.: _____

Spouse/ Secondary _____ First: _____ M.I.: _____
Owner

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address (for reminder/update purposes): _____

Occupation/Employer: _____

Home Phone Number: () ___-_____

Work Phone Number: () ___-_____ Name to ask for _____

2nd Work Phone Number: () ___-_____ Name to ask for _____

Cell Phone Number: () ___-_____ Name to ask for _____

Drivers License Number: _____ State: _____

How did you hear about us? (please circle): Yellow Pages / Sign / Advertisement

Website / Personal Referral (who may we thank): _____

Payment Information:

All professional fees are due at the time services are rendered. We will gladly prepare a written estimate of all costs if desired. We accept Cash, Personal Checks, Visa, Mastercard, and Discover.



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New Pet Information

	Pet # 1	Pet # 2	Pet # 3
Patient Name			
Species (Dog/Cat/Other)			
Breed			
Sex: M/F	M / F	M / F	M / F
Birth Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Color			
Markings			
Weight			
Neutered / Spayed?	Y / N	Y / N	Y / N
Allergies to Medications			
Date of Last Rabies Vaccine			

Name/Phone # of last Veterinarian/Hospital visited _____